88218-5
Appendix To
Brief filed
by ACLU

APPENDIX A

IDENTITIES AND INTERESTS OF *AMICI CURIAE*

A. American Civil Liberties Union

The American Civil Liberties Union (ACLU) is a nationwide, nonprofit, nonpartisan organization with over 500,000 members dedicated to defending the principles embodied in the Constitution and our nation's civil rights laws. As an organization that has long been committed to both preserving First Amendment rights and opposing discrimination, the ACLU has a strong interest in the proper resolution of this case.

B. American Civil Liberties Union of Washington

The American Civil Liberties Union of Washington ("ACLU-WA") is a statewide, nonprofit, nonpartisan organization with over 20,000 members that is dedicated to constitutional principles of liberty and equality. The ACLU-WA has long been committed to the defense and preservation of civil liberties, including the right to be free from unlawful discrimination, whether the discrimination occurs in the workplace or in other contexts.

C. Anti-Defamation League

Organized in 1913 to advance good will and mutual understanding among Americans of all creeds and races and to combat racial, ethnic and religious prejudice in the United States, the Anti-Defamation League ("ADL") is today one of the world's leading organizations fighting hatred, bigotry, discrimination and anti-Semitism.

While ADL counts among its core beliefs strict adherence to the separation of Church and State embodied in the Establishment Clause, it also believes that a zealous defense of the Free Exercise Clause is essential to the health of our religiously diverse society and to the preservation of our Republic. To advance another core belief, ADL is a fervent advocate of enforcement of anti-discrimination laws that aim to eradicate discrimination.

This case requires deliberation on two of ADL's core beliefs: preserving religious freedom and eradicating discrimination. In applying anti-discrimination laws to religious employers, ADL is supportive of narrowly crafted accommodations that truly safeguard important free exercise rights and interests. However, the League concomitantly opposes broad exceptions that empower religious entities arbitrarily to discriminate in the workplace, because such exceptions can be unjust and impede the eradication of discrimination.

APPENDIX B

HISTORY OF THE WASHINGTON STATE HUMAN RIGHTS COMMISSION AND DEVELOPMENT OF THE WASHINGTON STATE LAW AGAINST DISCRIMINATION

The Washington State Human Rights Commission enforces the State Law Against Discrimination (RCW 49.60), which was enacted into law in 1949.

Article IX, Section 1, of the Washington State Constitution, as it was adopted in 1889, provides: "It is the paramount duty of the state to make ample provisions for the education of all children residing within its borders, without distinction or preference on account of race, color, caste, or sex." This provision of the Constitution, the "barefoot schoolboy law," guaranteed education without discrimination to residents of the State of Washington.

The first legislature of the new State of Washington, meeting in 1890, passed a law entitling all persons in the state to the full enjoyment of specified public accommodations, without discrimination because of race, color, or nationality. The covered places were inns, public conveyances on land and water, theatres and other places of public amusement, and restaurants. In 1895 the legislature added barber shops and "eating houses" to the list of covered accommodations. It was a crime to violate this right, but no administrative agency was charged with enforcing the statute. In 1909, this statute was superseded by the present criminal public accommodations statute, RCW 9.91.010. It covers all places of "public resort, accommodation, assemblage or amusement." In 1953, the legislature enacted a definition of the quoted term, substantially the same as the one in RCW 49.60.040 for public accommodations covered by the law against discrimination.

We don't know of any criminal prosecutions brought under these statutes, but the 1909 law was held to support a civil lawsuit for

damages, and some of these were successfully brought. It is likely that there was voluntary compliance with the law by business owners who personally favored equal treatment and who could point to the law if their white customers objected. There is a record that movie theatres were integrated in Spokane through the persuasion of some lawyers, based on the statute. In general, however, discrimination was not eliminated by a law that depended for enforcement on prosecutions by county prosecuting attorneys and civil lawsuits by injured persons.

During World War II a large number of minority persons came to Washington State to work in the shipyards, at Boeing, and at the Hanford plant in the Tri-Cities area. Between 1940 and 1945 the number of non-white persons in Washington State increased by 164%, and minorities and women began to be employed in jobs from which they had previously been excluded.

In 1941 President Franklin D. Roosevelt issued Executive Order 8802, which required unions and employers "to provide for the full and equitable participation of all workers in defense industries, without discrimination because of race, creed, color, or national origin." There was little, if any, effective policing of this executive order.

After World War II, President Truman attempted to get a Fair Employment Practices Act through Congress, as well as to create a commission to enforce such a law, but his efforts were unsuccessful. In 1945, five states enacted laws against discrimination in employment--Connecticut, Massachusetts, New Jersey, New York, and Rhode Island.

Efforts in the State of Washington to adopt a law prohibiting racial and religious discrimination in employment began in 1945. In that year, three bills were submitted to the state legislature: one by the Democrats, one by the Republicans, and one by the Progressive Party. The bills never got out of committee, in part because of partisan politics, but also in large part because the espousal of civil rights issues was associated with communism. The sponsor of one of the bills was drummed out of the legislature for being leftist. Several labor unions testifying for the bills were later expelled from the Congress of Industrial Organizations (CIO) for being leftist-oriented.

Several arguments were offered against the adoption of a law prohibiting discrimination in employment, both in 1945 and in later years when similar bills were introduced. The Washington State Federation of Labor spoke against the bill on the basis that morality could not be legislated and that forcing members of different races to work together would lead to race riots. Another argument was that such a law would open the floodgates, the state would be overrun with Blacks, and there would be resultant unemployment among the citizens of the state. Other concerns voiced were that business would leave the state because management would not tolerate governmental intervention in its hiring and employment practices, that such a law takes away from private employers their freedom of contract, and that the administration of such a law would add to the costs borne by the already overburdened taxpayer.

During the 1947 legislative session, both the Democrats and Republicans submitted fair employment practice bills, and again the bills died in committee.

In 1949, the late Senator Alfred Westburg and Representative Charles Stokes, recently retired King County Superior Court Judge, sponsored a bipartisan fair employment practice bill. The only open opposition came from the Railroad Brotherhoods. The 1949 Washington State Legislature adopted the Washington State Law Against Discrimination in Employment, RCW 49.60, which became effective June 19, 1949. This law also created the State Board Against Discrimination in Employment, which was empowered to administer the law.

The law prohibited employers, employment agencies, and labor organizations from discriminating on the basis of race, creed, color, and national origin in employment opportunities or in the terms and conditions of employment. It also prohibited discrimination against an aggrieved individual because he or she had exercised his or her rights by filing a complaint or opposing discrimination.

Washington was the first state west of New York, and the seventh state in the nation, to adopt a law against discrimination.

The first office of the Board Against Discrimination was located in the State Patrol Headquarters in Seattle. A state trooper in full uniform served as receptionist, and another trooper escorted complainants upstairs to the office, which had been donated by the State Patrol. Glen Mansfield was the first employee of the agency and at the outset was the entire paid staff of the Board Against Discrimination. In the early years, the one-person staff took complaints, and the appointed commissioners did most of the investigating themselves. Glen Mansfield served the commission in a variety of roles, including Executive Secretary and several different terms

as Acting Executive Secretary, for twenty-six years until his retirement in June of 1975.

In 1952, Hazel Scott, the renowned concert artist and wife of Adam Clayton Powell, brought some notoriety and embarassment to the State of Washington when she was refused service at the lunch counter in the Pasco bus terminal. She brought suit under the 1909 state public accommodation law, mentioned earlier, and won her suit. The publicity surrounding her lawsuit stirred the legislature to amend the law against discrimination to prohibit discrimination in places of public accommodation as well as in employment.

This amendment to the law, which was passed in 1957, was called the Omnibus Civil Rights Act. The act prohibited discrimination in places of public accommodation, and in publicly assisted housing, because of race, creed, color, or national origin. Publicly assisted housing included real estate transactions which were insured or financed by public funds furnished by such agencies as the FHA or the VA.

The first test of the new housing law came in 1961 in O'Meara v. Washington State Board Against Discrimination (58 Wn 2d 793). The State Supreme Court, affirming a lower court ruling that overturned the tribunal's order, held that the portion of the Law Against Discrimination prohibiting discrimination in publicly assisted housing was unconstitutional. The Court determined that the classification of publicly assisted, as opposed to non-publicly assisted, was arbitrary and capricious. The Court further stated that restricting one person's right to discriminate in the selling of a home, while allowing his or her neighbor to discriminate was a violation

of the Equal Protection clause of the fourteenth amendment to the United States Constitution, as well as a violation of Article I, Section 12, of the Washington State Constitution. After the O'Meara decision, state law no longer protected persons from discrimination in real estate transactions.

In 1959, the Law Against Discrimination was amended to prohibit the designation of race, creed, color, or national origin on credit or insurance applications. The legislature had earlier acted in 1955 to remove such designations from state forms and drivers' licenses.

In 1960 a Black couple came to the Board Against Discrimination. Their four-year-old son had just died in an accident. Funeral arrangements had been made, but the day before the funeral the cemetery became aware of their race and refused to allow the child to be buried. The Board Against Discrimination could not take the complaint because the definition of "public accommondation" did not include cemeteries. Because of this incident, however, in 1961 the legislature amended the definition of "public accommodations" to include nonsectarian cemeteries.

In 1961 the Law Against Discrimination was also amended to prohibit age discrimination in employment. The protected class comprises those in the forty to sixty-five year age group. The bill was sponsored primarily by the Eagles Lodge as an effort to protect older workers.

The next amendment to the Law Against Discrimination came in 1969, when the legislature amended the law to prohibit discrimination in real estate transactions on the basis of race, creed, color, and national origin. This amendment gave Washington State the most inclusive and comprehensive housing law in the nation. There were no exemptions to coverage based on

the number of rental units or the number of houses put on the market per year.

The bill, which is embodied in sections 222, 223, 224, and 225 of RCW 49.60, covers refusal to engage in a real estate transaction; refusal to transmit and offer; refusal to negotiate; representations that real property is unavailable when it is in fact available; refusal to allow inspection of property; advertising in a manner which indicates an intent to limit access; offering, soliciting, or accepting discriminatory actions; expelling a person from occupancy; and discrimination in the financing of real estate. These activities are prohibited on the basis of race, creed, color, or national origin. The bill also specifically permits an award of up to $1000.00 for loss of rights secured in addition to compensatory damages, which are provided for elsewhere in the statute.

In 1971 the legislature amended the Law Against Discrimination to prohibit discrimination in employment on the basis of sex. This amendment, which was sponsored by women's groups, caused an immediate doubling of the number of complaints received by the Board Against Discrimination. It was also in 1971 that the name of the agency was changed to the Washington State Human Rights Commission.

In 1973 the Law Against Discrimination was amended to prohibit discrimination in employment because of marital status or because of the presence of any physical, sensory, or mental disability, as long as the disability does not prevent the proper performance of the job. That amendment was sponsored by the Human Rights Commission, which had received federal funds for the purpose of studying the problems of the handicapped and proposing legislation.

Another 1973 amendment prohibited marital status or sex discrimination in real estate transactions. Still another amendment in that year added two new areas to the jurisdiction of the Commission--credit and insurance transactions. That amendment prohibited discrimination in credit and insurance transactions on the basis of race, creed, color, national origin, sex, and marital status.

The 1973 amendments relating to credit, real estate, and insurance transactions were sponsored by women's groups, including Washington Women Lawyers. The Commission supported these amendments with the provision that additional funding be provided, but they were passed without funding. The legislature did, however, provide for dual agency jurisdiction with the Attorney General's office over portions of the credit amendments.

In 1979, the Legislature passed several amendments to the Law Against Discrimination. These amendments make it unlawful to discriminate against any person on the basis of any sensory, mental, or physical handicap in places of public accommodation, in credit and insurance transactions, or in real estate transactions.

APPENDIX C

* *Amici* gathered a sampling of IRS Form 990s that are available to the public for religiously affiliated non-profit organizations in Washington State. This spreadsheet is a compilation of key figures reported on the Form 990s. For the Court's convenience, *amici* have attached the first page of each Form 990 from which this spreadsheet was developed. If the Court would like a full copy of the Form 990 for any of the organizations listed, *amici* can supplement this Appendix.

	Nonprofit Organization Name	Employees (line 5)	Program Service Revenue (line 9)	Total Revenue (line 12)	Revenues Less Expenses (line 19)	Total Assets (line 20)	Net Assets (line 22)	Reporting Year End Date
Health Care	Franciscan Health System	7,766	$1,116,612,789	$1,168,872,747	$92,749,396	$891,154,455	$645,550,110	6/30/2011
	Franciscan Medical Group	1,399	$118,713,876	$172,265,417	$4,256,155	$42,776,504	$29,841,926	6/30/2011
	Franciscan St. Elizabeth Hospital	330	$51,967,031	$59,798,289	$14,015,371	$87,609,934	$62,837,639	6/30/2011
	TOTAL	**9,495**	**$1,287,293,696**	**$1,400,936,453**	**$111,020,922**	**$1,021,540,893**	**$738,229,675**	
	PeaceHealth	**13,413**	**$1,515,851,811**	**$1,637,731,131**	**$112,201,212**	**$2,591,551,712**	**$1,556,394,070**	6/30/2011
	Providence Everett Transitional Care Services	89	$6,259,567	$6,261,144	$1,055,922	$1,965,767	$1,485,031	12/31/2011
	Providence St. Joseph Medical Center	309	$24,532,272	$25,755,214	-$213,135	$18,744,482	$1,999,075	12/31/2011
	Providence Health and Services - Washington	25,449	$3,118,429,863	$3,618,345,347	$105,852,025	$5,566,177,800	$1,745,506,488	12/31/2011
	Swedish Health Services	8,528	$1,498,626,735	$1,599,404,602	-$6,660,325	$2,072,269,453	$436,495,253	12/31/2011
	TOTAL	**34,375**	**$4,647,848,437**	**$5,249,766,307**	**$100,034,487**	**$7,659,157,502**	**$2,185,485,847**	
	Lourdes Medical Center	**881**	**$106,101,005**	**$108,718,633**	**$4,461,671**	**$70,594,814**	**$43,073,046**	6/30/2011
	Walla Walla General Hospital	**510**	**$46,615,663**	**$47,054,151**	**-$2,714,637**	**$26,323,413**	**-$2,056,732**	12/31/2011
	TOTAL HEALTH CARE	**58,674**	**$7,603,710,612**	**$8,444,206,675**	**$325,003,655**	**$11,369,168,334**	**$4,521,125,906**	
Charity, Service, Social Organizations	Agros International	40	$725	$4,517,898	$268,858	$6,334,210	$5,792,146	6/30/2011
	Black Lake Bible Camp	111	$1,344,414	$1,485,528	$55,699	$3,199,726	$2,168,890	12/31/2011
	Boy Scouts of America - Blue Mountain Council	14	$87,216	$761,983	-$82,028	$2,388,765	$2,188,762	12/31/2011
	Boy Scouts of America - Chief Seattle Council	224	$1,953,057	$11,340,767	$4,900,630	$32,255,734	$31,481,121	12/31/2011
	Boy Scouts of America - Grand Columbia Council	60	$330,298	$956,092	-$140,994	$4,502,866	$3,205,055	12/31/2011
	Boy Scouts of America - Inland NW Council	178	$1,004,630	$2,465,020	-$93,717	$1,026,969	$688,327	12/31/2011
	Boy Scouts of America - Mount Baker Council	101	$566,051	$2,089,940	$2,883	$4,897,698	$4,402,232	12/31/2011
	Boy Scouts of America - Pacific Harbor Council	21	$551,808	$1,939,291	-$396,202	$6,782,896	$5,673,666	12/31/2011
	Bread of Life Mission	19	$314,436	$2,975,011	$183	$1,727,170	$1,690,436	6/30/2011
	Camp Berachah Ministries	215	$2,440,683	$2,745,811	-$279,405	$9,400,861	$6,061,918	9/30/2011
	Camp Spalding	81	$781,676	$1,269,854	$174,879	$325,793	$319,303	12/31/2011
	Care Net	11	$0	$276,647	-$35,791	$415,117	$410,742	12/31/2011
	Cascade Christian Services	227	$3,849,720	$3,936,919	$120,777	$2,110,634	$1,677,642	12/31/2011
	Catholic Cemeteries of Spokane	20	$0	$1,664,246	$142,728	$6,365,021	$3,238,731	6/30/2011
	Catholic Charities Housing Services - Diocese of Yakima	11	$1,117,402	$5,105,479	$2,944,131	$20,802,431	$12,512,904	6/30/2011
	Catholic Charities of Spokane	300	$2,221,312	$8,608,498	-$926,141	$18,400,300	$14,632,135	12/31/2011
	Catholic Community Services of Western Wash.	4,914	$11,276,302	$99,139,625	$2,240,029	$43,730,682	$28,987,102	6/30/2011
	Catholic Family & Child Services of Tri-Cities	82	$256,237	$4,810,485	$63,385	$0	$0	6/30/2011
	Catholic Family & Child Services of Yakima	159	$1,254,598	$9,181,820	$280,542	$0	$0	6/30/2011
	Catholic Family & Child Service of Wenatchee	46	$59,028	$2,639,355	$13,938	$0	$0	6/30/2011
	Catholic Housing Services of Western Wash.	339	$6,245,890	$18,703,493	$3,739,011	$65,855,386	$20,737,915	6/30/2011
	Cedar Springs Christian Retreat Center	37	$861,993	$970,983	-$115,684	$1,305,552	$1,293,477	12/31/2011
	Center for Ministry Development	14	$1,705,897	$1,808,716	$15,063	$266,858	-$366,544	9/30/2011
	Center for Religious Humanism	8	$397,986	$751,820	-$6,897	$408,366	$398,568	12/31/2011
	Childcare Worldwide	25	$0	$2,924,347	-$44,600	$1,873,776	$1,727,454	9/30/2011
	Christ Clinic / Christ Kitchen	50	$308,811	$788,568	-$188,423	$2,440,479	$2,089,567	4/30/2011
	Christian Health Care Center	322	$12,189,218	$12,227,464	$904,949	$15,355,897	$9,403,879	12/31/2011
	Christian Youth Theater - Spokane	51	$241,606	$360,258	$57,187	$90,971	$77,310	6/30/2011
	Columbia Lutheran Ministries	271	$12,022,428	$12,495,549	$1,279,541	$12,699,446	$9,902,454	12/31/2011

Charity, Service, Social Organizations

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Nonprofit Organization Name	Employees (line 5)	Program Service Revenue (line 9)	Total Revenue (line 12)	Revenues Less Expenses (line 19)	Total Assets (line 20)	Net Assets (line 22)	Reporting Year End Date
Cottesmore Christian Child Care	53	$459,549	$611,046	-$36,789	$45,719	$37,312	12/31/2011
CRISTA Ministries	1,407	$58,618,828	$144,866,927	-$1,946,752	$122,929,777	$83,432,525	6/30/2011
Elijah House	23	$448,914	$894,632	$95,235	$1,272,486	$1,222,042	12/31/2011
European Christian Mission	11	$0	$1,163,839	$91,803	$373,580	$370,528	12/31/2011
Everett Gospel Mission	27	$95,829	$3,654,877	-$66,857	$3,984,428	$2,864,255	6/30/2011
Experience Mission	10	$0	$1,124,049	$43,914	$491,855	-$167,026	9/30/2011
Families Unlimited Network	11	$16,984	$649,846	$3,570	$152,587	$152,587	6/30/2011
Firs Bible & Missionary Conference	187	$2,193,321	$2,862,076	-$183,890	$4,619,702	$3,450,427	12/31/2011
Great Commandments Ministries	8	$280,172	$429,356	-$119,234	$590,349	$279,596	12/31/2011
Gwinwood Christian Conference Center	11	$176,544	$193,436	-$4,342	$609,833	$587,729	12/31/2011
Habitat for Humanity - East Jefferson County	9	$687,832	$1,015,440	-$202,104	$3,835,108	$1,176,903	6/30/2011
Habitat for Humanity - East King County	21	$683,416	$3,675,056	$2,007,518	$21,243,019	$16,243,756	12/31/2011
Habitat for Humanity - Evergreen	8	$32,305	$471,890	$202,597	$1,323,717	$1,248,870	6/30/2011
Habitat for Humanity - Kitsap County	18	$924,433	$1,453,471	$63,664	$2,687,419	$1,690,282	6/30/2011
Habitat for Humanity - Lake Chelan Valley	11	$0	$245,563	$61,654	$1,507,432	$1,495,229	12/31/2011
Habitat for Humanity - Lewiston-Clarkson	17	$641,385	$707,293	$14,713	$835,406	$813,948	6/30/2011
Habitat for Humanity - Mason County	9	$90,000	$518,335	$144,527	$840,165	$830,237	6/30/2011
Habitat for Humanity - Seattle South King County	43	$2,846,259	$6,452,498	$369,779	$16,230,114	$8,119,359	6/30/2011
Habitat for Humanity - Skagit County	11	$230,096	$638,871	$17,034	$951,480	$885,382	6/30/2011
Habitat for Humanity - South Puget Sound	17	$43,542	$751,469	$225,500	$1,692,477	$1,626,875	6/30/2011
Habitat for Humanity - Spokane	36	$1,348,312	$2,427,589	$85,775	$5,367,768	$4,048,814	6/30/2011
Habitat for Humanity - Tacoma/Pierce County	34	$1,373,984	$3,168,135	$68,214	$6,640,670	$4,513,866	6/30/2011
Habitat for Humanity - Tri-Cities	14	$949,242	$1,373,164	$12,584	$3,487,024	$1,662,351	6/30/2011
Habitat for Humanity - Yakima Valley	15	$459,516	$1,322,138	$559,933	$5,005,801	$2,298,895	6/30/2011
Healing Room Ministries	24	$182,683	$900,095	$52,944	$2,237,059	$1,348,717	12/31/2011
Helping Hands Ministries International	22	$0	$413,042	$35,556	$1,065,918	$243,383	12/31/2011
Hillel Foundation for Jewish Life at the University of Washington	28	$11,260	$1,013,829	-$206,107	$10,714,607	$10,678,511	6/30/2011
Holden Village	91	$1,223,411	$2,569,806	$261,846	$6,870,624	$6,713,097	10/31/2011
Jewish Family Service	221	$2,896,524	$9,140,623	$1,063,656	$29,661,995	$26,192,946	6/30/2011
Jewish Federation of Greater Seattle	57	$590,326	$8,351,909	$591,936	$46,543,228	$39,770,405	6/30/2011
Josephine Sunset Home	366	$16,493,738	$16,840,721	$1,267,528	$15,614,518	$8,519,793	12/31/2011
Keymedia	10	$0	$1,547,080	-$15,904	$330,032	$221,911	12/31/2011
Lazy F Methodist Camp	50	$558,336	$558,336	$28,253	$450,292	$450,292	12/31/2011
Lutheran Community Services NW	765	$3,849,318	$25,048,600	-$90,494	$20,620,086	$9,009,645	6/30/2011
Lutheran Counseling Network	17	$724,024	$795,782	$7,124	$82,960	$82,960	12/31/2011
Lutheran Retirement Home of Greater Seattle	251	$13,624,095	$14,454,647	$446,628	$34,578,418	$11,622,359	12/31/2011
Martha & Mary Health Services	437	$14,805,737	$15,041,046	-$1,732,051	$12,236,054	-$3,752,585	12/31/2011
Martha & Mary at Home	147	$1,832,890	$1,834,322	-$16,114	$881,472	$234,518	12/31/2011
Morning Star Boys Ranch	50	$457,226	$1,637,424	-$184,685	$658,389	$543,834	12/31/2011
My Catholic Faith Ministries	11	$30,771	$345,770	$20,343	$88,377	$80,353	12/31/2011
New Horizons Ministries	28	$7,143	$1,135,329	$31,333	$1,942,652	$1,381,930	6/30/2011
Northwest Center	1,294	$31,090,387	$38,401,744	$862,077	$19,115,367	$9,933,908	12/31/2011
Olympia Union Gospel Mission	24	$90,639	$1,306,390	$166,664	$2,321,032	$2,111,270	8/31/2011
Open House Ministries	28	$0	$945,741	-$65,745	$2,203,529	$2,188,010	9/30/2011
Peace Community Center	28	$53,302	$1,160,355	$503,360	$1,033,625	$918,526	6/30/2011
Peak 7 Adventures	9	$107,363	$740,728	$299,624	$790,689	$786,752	12/31/2011
Prisoners for Christ Outreach Ministries	13	$0	$651,847	-$52,658	$161,073	$83,576	12/31/2011
Pro Athletes Outreach	14	$427,975	$1,974,356	-$318,030	$238,100	$165,471	9/30/2011
Project Patch	69	$671,576	$2,517,036	-$173,032	$5,307,106	$4,323,652	12/31/2011

Charity, Service, Social Organizations

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Puget Sound Christian Clinic	11	$7,904	$390,368	-$39,089	$231,403	$210,829	12/31/2011
Rainbow Lodge Retreat Center	10	$394,005	$398,799	$43,644	$1,695,497	$1,693,263	12/31/2011
Rescue Mission	82	$501,391	$5,690,356	$236,344	$20,882,950	$9,263,846	6/30/2011
Royal Ridges Retreat at Andersen Ranch	23	$340,282	$375,375	$4,861	$1,272,194	$1,031,587	12/31/2011
Samaritan Center of Puget Sound	47	$2,193,435	$2,441,799	$20,697	$1,455,399	$1,109,205	3/31/2011
SAMBICA Formerly Sammamish Bible Camp Assoc	103	$940,503	$1,142,691	-$193,702	$1,046,540	$554,026	8/31/2011
Samuel & Althea Stroum Jewish Comm. Center	377	$5,167,293	$7,541,577	$6,190	$5,304,434	$1,648,675	8/31/2011
Seabeck Christian Conference Center	68	$1,195,295	$2,209,040	$842,470	$4,096,281	$2,982,582	12/31/2011
Sentinel Group	10	$184,551	$449,257	-$47,450	$856,350	$682,627	12/31/2011
Shelton Valley Christian Child Development Center	38	$612,927	$613,037	$5,672	$83,801	$59,301	12/31/2011
Society of St. Vincent de Paul Council of Seattle Area	146	$0	$11,841,956	$372,432	$16,905,027	$8,342,228	9/30/2011
Sports Leadership Ministries	42	$373,892	$432,729	-$4,634	$195,852	$63,167	12/31/2011
Sunrise Haven	29	$791,377	$1,079,423	-$56,311	$2,882,720	$2,812,993	9/30/2011
Tri City Union Gospel Mission	21	$20,183	$2,916,836	$310,952	$1,869,194	$1,492,109	12/31/2011
Union Gospel Mission of Grays Harbor	15	$0	$1,172,402	$82,223	$1,564,671	$1,410,195	12/31/2011
Unity Christian Ministries	24	$430,634	$525,060	-$16,154	$1,190,623	$372,854	12/31/2011
Volunteers of America Western Washington	617	$627,399	$21,740,326	-$609,611	$14,765,543	$9,155,381	6/30/2011
Warm Beach Christian Camps and Conference Center	262	$3,528,753	$3,994,807	$118,836	$12,823,088	$10,506,270	3/31/2011
West Valley Nursing Homes	266	$11,032,933	$11,161,653	$839,277	$26,626,058	$13,548,122	12/31/2011
World Vision	1,324	$4,830,308	$1,055,753,031	-$22,796,124	$287,843,043	$148,549,125	9/30/2011
YMCA at Washington State University	24	$182,096	$303,506	$74,467	$110,389	$105,592	6/30/2011
YMCA of Clallam County	188	$333,840	$1,982,999	-$217,079	$2,507,958	$1,887,513	12/31/2011
YMCA of Grays Harbor	231	$2,077,604	$2,592,942	-$243,289	$11,084,106	$10,699,535	3/31/2011
YMCA of Greater Seattle	3,082	$44,582,003	$67,254,805	$2,535,823	$150,584,105	$108,324,312	12/31/2011
YMCA of Pierce & Kitsap Counties	2,330	$36,063,282	$41,407,730	$4,680,329	$104,744,394	$62,751,849	12/31/2011
YMCA of Skagit Valley	254	$3,084,012	$3,318,105	$23,476	$2,600,771	$1,884,171	12/31/2011
YMCA of Snohomish County	955	$18,211,708	$20,524,621	$294,505	$42,217,316	$25,687,413	12/31/2011
YMCA of the Greater Tri-Cities	124	$1,313,405	$1,694,491	$3,656	$688,299	$646,158	6/30/2011
YMCA of the Inland Northwest	1,063	$13,426,647	$16,135,663	-$305,665	$35,625,777	$17,447,334	12/31/2011
YMCA of the South Sound	531	$6,159,438	$6,839,850	-$39,549	$14,576,529	$10,143,295	12/31/2011
YMCA of Walla Walla	237	$2,324,788	$2,904,132	$51,053	$8,429,275	$8,429,275	12/31/2011
YMCA of Wenatchee	122	$1,463,347	$2,055,804	-$87,957	$4,097,863	$3,228,824	12/31/2011
YMCA of Whatcom County	443	$3,807,401	$4,344,508	$216,630	$5,575,755	$4,080,845	12/31/2011
YMCA of Yakima	235	$3,095,782	$3,721,902	-$156,507	$8,803,069	$8,582,780	8/31/2011
Youth Compass International	9	$0	$541,732	-$35,389	$36,150	$15,456	6/30/2011
Youth Dynamics	45	$346,610	$2,344,080	-$23,578	$480,612	$362,927	9/30/2011
Youth for Christ Seattle Area	35	$59,145	$460,727	-$4,723	$96,216	$76,378	6/30/2011
Youth for Christ Tacoma Area	61	$1,848,347	$2,684,678	-$21,856	$2,273,319	$1,440,318	6/30/2011
Youth Missions International	9	$52,392	$389,510	-$366	$49,868	$49,868	12/31/2011
YWCA of Clark County	104	$22,803	$4,199,712	$1,028,131	$6,047,329	$5,713,156	6/30/2011
YWCA of Kitsap County	21	$0	$1,473,918	$444,306	$1,616,911	$1,424,228	12/31/2011
YWCA of Olympia	9	$0	$407,628	$30,823	$322,451	$106,376	12/31/2011
YWCA of Pierce County	51	$10,025	$3,549,797	$1,087,232	$9,855,725	$6,761,851	6/30/2011
YWCA of Seattle-King County-Snohomish County	961	$4,403,745	$40,574,914	$5,765,467	$149,791,170	$73,743,216	12/31/2011
YWCA of Spokane	94	$36,827	$2,928,918	-$433,192	$7,923,731	$6,890,988	12/31/2011
YWCA of Walla Walla	74	$349,787	$1,528,027	$15,015	$5,001,879	$4,928,645	12/31/2011
YWCA of Yakima	20	$0	$4,176,716	$3,439,008	$7,315,681	$6,506,546	6/30/2011
TOTAL	**28,843**	**$402,140,708**	**$1,921,150,958**	**$16,427,923**	**$1,673,476,038**	**$1,030,540,402**	

* *Amici* gathered a sampling of IRS Form 990s that are available to the public for religiously affiliated non-profit organizations in Washington State. This spreadsheet is a compilation of key figures reported on the Form 990s. For the Court's convenience, *amici* have attached the first page of each Form 990 from which this spreadsheet was developed. If the Court would like a full copy of the Form 990 for any of the organizations listed, *amici* can supplement this Appendix.

	Nonprofit Organization Name	Employees (line 5)	Program Service Revenue (line 9)	Total Revenue (line 12)	Revenues Less Expenses (line 19)	Total Assets (line 20)	Net Assets (line 22)	Reporting Year End Date
Higher Education	Bakke Graduate University	23	$1,462,000	$2,629,130	$6,578	$835,020	$505,629	6/30/2011
	Faith Evangelical Seminary	22	$2,157,069	$2,212,398	$260,069	$1,901,160	$1,525,785	6/30/2011
	Gonzaga University	3,920	$163,252,184	$188,704,231	$18,807,303	$461,461,562	$267,385,209	5/31/2011
	Northwest University	637	$30,832,042	$33,918,356	-$168,372	$62,653,303	$20,214,786	5/31/2011
	Pacific Lutheran University	3,161	$115,578,907	$151,617,385	$15,863,094	$248,452,936	$161,744,697	5/31/2011
	Saint Martins University	975	$39,302,180	$45,590,708	$822,538	$83,461,201	$35,099,733	6/30/2011
	Seattle Pacific University	2,463	$122,689,943	$131,255,112	$3,094,095	$215,331,138	$110,924,759	6/30/2011
	Seattle School of Theology and Psychology	118	$3,291,002	$4,452,430	$30,600	$1,786,205	$814,388	6/30/2011
	Seattle University	4,041	$229,552,437	$249,765,771	$336,522	$591,265,813	$396,431,605	6/30/2011
	Trinity Lutheran College	137	$3,273,313	$5,261,762	-$651,207	$14,610,734	$10,732,777	6/30/2011
	Whitworth University	2,246	$84,767,223	$98,324,370	$4,556,758	$223,835,836	$145,064,148	6/30/2011
	TOTAL	**17,743**	**$796,158,300**	**$913,731,653**	**$42,957,978**	**$1,905,594,908**	**$1,150,443,516**	
Pre-K - 12 Education	Archbishop Murphy High School	87	$6,029,625	$7,201,986	$454,208	$17,324,180	$9,057,867	6/30/2011
	Bear Creek School	243	$11,814,024	$15,870,555	$3,370,455	$33,111,258	$11,900,507	6/30/2011
	Bellevue Christian School	331	$11,261,022	$12,438,045	$510,753	$16,240,152	$9,626,276	6/30/2011
	Cascade Christian School	385	$11,223,800	$11,762,548	$72,645	$15,448,870	$5,998,538	8/31/2011
	Cedar Tree Classical Christian School	22	$436,913	$629,238	$111,428	$2,228,909	$988,864	6/30/2011
	Centralia Christian School	21	$587,408	$742,751	$5,427	$1,340,278	$1,206,727	8/31/2011
	Christian Holiness Institute for Learning and Development	35	$321,811	$394,290	-$19,965	$15,111	$3,791	7/31/2011
	Community Christian Academy	127	$3,352,209	$3,556,258	-$39,499	$480,814	-$428,881	7/31/2011
	Cornerstone Academy	37	$227,736	$272,723	-$1,883	$58,408	$31,792	12/31/2011
	Cornerstone Christian Academy	31	$169,447	$321,808	$57,580	$101,501	$95,321	6/30/2011
	Cornerstone Christian School	20	$293,964	$349,730	$9,060	$84,173	$78,044	6/30/2011
	Cornerstone Christian School Society	14	$456,888	$564,033	-$8,309	$1,326,885	$1,311,063	7/31/2011
	Eastside Christian School	90	$2,877,947	$3,335,056	$160,470	$6,264,067	$789,977	7/31/2011
	Ellensburg Christian School	31	$433,466	$585,772	$78,717	$1,167,857	$785,369	6/30/2011
	Emerald Heights Academy	13	$537,999	$706,014	$35,625	$169,676	$169,547	6/30/2011
	Everett Christian School	23	$387,078	$481,760	$43,429	$1,006,948	$954,738	7/31/2011
	Highland Christian Schools	28	$515,008	$595,013	$68,262	$112,223	$63,688	7/31/2011
	Island Christian Academy	21	$298,418	$355,029	-$6,125	$40,026	$39,973	12/31/2011
	Jubilee Youth Ranch	62	$137,226	$2,124,897	$1,922,024	$442,793	$371,999	6/30/2011
	Kingspoint Christian School	42	$721,449	$830,015	$31,107	$702,876	$611,486	6/30/2011
	Liberty Christian School of the Tri-Cities	92	$2,370,145	$2,672,982	$163,188	$3,929,417	$1,421,870	6/30/2011
	Lighthouse Christian School	79	$2,066,549	$2,821,643	$49,613	$9,954,352	$7,033,383	6/30/2011
	Lynden Christian School	254	$5,965,671	$8,065,889	$1,149,740	$20,581,134	$11,343,994	8/31/2011
	Metropolitan Seattle Jewish Day School	96	$2,811,330	$5,521,079	$698,684	$22,458,275	$13,901,215	6/30/2011
	Monroe Christian School Society	16	$729,056	$848,153	$54,132	$1,650,156	$390,750	5/31/2011
	Moses Lake Christian Academy	44	$897,163	$1,230,427	-$13,432	$3,046,785	$250,662	6/30/2011
	Mount Vernon Christian School	72	$1,766,647	$2,728,764	$389,013	$8,939,000	$4,594,722	6/30/2011
	New Life Christian School of Ephrata	29	$339,340	$470,526	$7,515	$197,207	$84,777	6/30/2011
	Northwest Christian Schools	210	$3,307,960	$4,761,152	$7,802	$24,683,778	$8,590,106	8/31/2011
	Northwest Yeshiva High School	62	$0	$2,633,950	$18,008	$2,773,650	$2,326,739	6/30/2011
	Oak Harbor Christian School Society	42	$749,423	$851,922	$42,448	$1,679,939	$1,503,710	6/30/2011
	Oaks Education Association	50	$1,500,625	$1,744,187	$14,042	$694,358	$337,677	8/31/2011
	Pacific Christian Academy	38	$1,759,836	$1,848,594	$76,641	$614,261	$147,084	7/31/2011
	Pope John Paul II High School	9	$150,589	$1,874,843	$939,139	$1,459,170	$961,323	6/30/2011

Pre-K - 12 Education

* *Amici* gathered a sampling of IRS Form 990s that are available to the public for religiously affiliated non-profit organizations in Washington State. This spreadsheet is a compilation of key figures reported on the Form 990s. For the Court's convenience, *amici* have attached the first page of each Form 990 from which this spreadsheet was developed. If the Court would like a full copy of the Form 990 for any of the organizations listed, *amici* can supplement this Appendix.

Nonprofit Organization Name	Employees (line 5)	Program Service Revenue (line 9)	Total Revenue (line 12)	Revenues Less Expenses (line 19)	Total Assets (line 20)	Net Assets (line 22)	Reporting Year End Date
Providence Classical Christian School	47	$1,074,163	$1,268,200	-$52,668	$276,116	-$79,235	6/30/2011
Puget Sound Christian School	9	$472,028	$509,213	$33,350	$119,943	$91,964	6/30/2011
Ranier Christian Schools	191	$6,181,916	$6,551,065	-$29,985	$3,466,299	$985,844	6/30/2011
River Academy	33	$719,357	$949,789	$63,731	$131,128	$111,441	6/30/2011
Riverside Christian School	129	$2,503,470	$2,970,634	-$34,565	$4,180,102	$2,880,869	6/30/2011
Sammamish Christian School & Noah's Ark Preschool	37	$706,953	$798,048	-$12,378	$288,786	$227,969	6/30/2011
Seattle Christian Schools Association	148	$4,539,043	$5,109,744	-$307,654	$9,662,275	$8,995,372	7/31/2011
Seattle Hebrew Academy	104	$2,515,725	$4,040,187	-$515,272	$9,323,451	$8,672,133	6/30/2011
Seattle Jewish Community School	35	$946,988	$2,026,002	$172,458	$5,433,725	$1,983,273	6/30/2011
Seward Park Jewish Preschool Co-Op	24	$435,525	$1,211,856	-$57,159	$72,174	-$261,335	6/30/2011
Shoreline Christian School	77	$1,835,974	$2,128,404	$53,633	$1,747,028	$463,647	8/31/2011
South Sound Christian Schools	127	$3,254,447	$3,550,628	$16,293	$3,461,182	$2,047,328	6/30/2011
Southside Christian School	28	$640,865	$741,433	$35,165	$113,808	-$19,417	6/30/2011
Spokane Valley Christian School	58	$1,126,224	$1,217,256	-$46,979	$286,948	$259,665	6/30/2011
Springfield Christian School	10	$268,608	$294,732	$51,555	$135,350	$130,637	12/31/2011
St. Paul's Academy	45	$1,699,850	$4,000,087	$1,442,369	$16,265,176	$6,570,128	7/31/2011
Stepping Stones to Learning	17	$396,876	$411,389	-$1,418	$59,633	$51,037	7/31/2011
Tri-Cities Prep Catholic High School	40	$853,015	$1,174,492	-$58,428	$4,795,873	$4,458,165	6/30/2011
Upper Valley Christian School	21	$277,068	$365,206	$30,629	$74,418	$32,201	7/31/2011
Vancouver Christian High School	35	$770,260	$1,020,670	-$103,527	$923,886	$842,399	7/31/2011
TOTAL	**39,457**	**$1,700,032,727**	**$1,968,993,973**	**$97,047,048**	**$4,072,335,604**	**$2,435,875,815**	
GRAND TOTAL	**144,717**						

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRANCISCAN HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1717 S J Street

City or town, state or country, and ZIP + 4
Tacoma, WA 98405

D Employer identification number
91-0564491

E Telephone number
(253) 552-4105

G Gross receipts $ 1,168,872,747

F Name and address of principal officer
Joe Wilczek
1717 S J STREET
Tacoma, WA 98402

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www fhshealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FHS was founded on the principle to provide compassionate care to everyone regardless of ability to pay or social status FHS includes multiple facilities and hospice, and an expanding network of clinics

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7,766
6	Total number of volunteers (estimate if necessary)	6	1,216
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,336,715
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,334,645	5,586,691
	9	Program service revenue (Part VIII, line 2g)	1,050,152,405	1,116,612,789
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,564,982	10,865,435
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,917,803	35,807,832
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,093,969,835	1,168,872,747
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,414,498	61,059,637
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	446,770,765	470,823,011
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	524,371,029	544,240,703
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,022,556,292	1,076,123,351
	19	Revenue less expenses Subtract line 18 from line 12	71,413,543	92,749,396

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	826,915,507	891,154,455
	21	Total liabilities (Part X, line 26)	276,698,941	245,604,345
	22	Net assets or fund balances Subtract line 21 from line 20	550,216,566	645,550,110

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-09

▶ MICHAEL FITZGERALD CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
MARK STOCKI	MARK STOCKI			

Firm's name ▶ CATHOLIC HEALTH INITIATIVES — Firm's EIN ▶

Firm's address ▶ 198 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112 — Phone no ▶ (720) 874-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRANCISCAN MEDICAL GROUP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1708 South Yakima Avenue

City or town, state or country, and ZIP + 4
Tacoma, WA 98405

D Employer identification number
91-1939739

E Telephone number
(253) 680-4005

G Gross receipts $ 172,327,797

F Name and address of principal officer
Joe Wilczek
1708 SOUTH YAKIMA AVENUE
TACOMA, WA 98405

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www fhshealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FMG was founded on the principle to provide compassionate care to everyone regardless of ability to pay or social status FMG includes expanding network of clinics

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,399
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,248,796	51,321,839
	9	Program service revenue (Part VIII, line 2g)	103,707,245	118,713,876
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,772	-52,230
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,423,850	2,281,932
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,385,663	172,265,417
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,035	16,581
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,166,893	127,785,644
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,983,989	40,207,037
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	144,153,917	168,009,262
	19	Revenue less expenses Subtract line 18 from line 12	6,231,746	4,256,155

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	37,547,884	42,776,504
	21	Total liabilities (Part X, line 26)	11,962,113	12,934,578
	22	Net assets or fund balances Subtract line 21 from line 20	25,585,771	29,841,926

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-09

▶ MICHAEL FITZGERALD CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
MARK STOCKI	MARK STOCKI			

Firm's name ▶ CATHOLIC HEALTH INITIATIVES — Firm's EIN ▶

Firm's address ▶ 198 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112 — Phone no ▶ (720) 874-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130022602

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION

Doing Business As
ST ELIZABETH HOSPITAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1455 Battersby Avenue

City or town, state or country, and ZIP + 4
Enumclaw, WA 98022

D Employer identification number
91-0715805

E Telephone number
(360) 825-2505

G Gross receipts $ 60,394,916

F Name and address of principal officer
DENNIS POPP
1455 Battersby Avenue
Enumclaw, WA 98022

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FHSHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ST ELIZABETH HOSPITAL (FORMALLY ENUMCLAW REGIONAL HOSPITAL) WAS FOUNDED ON THE PRINCIPLE TO PROVIDE COMPASSIONATE CARE TO EVERYONE REGARDLESS OF ABILITY TO PAY OR SOCIAL STATUS ST ELIZABETH HOSPITAL IS PART OF FRANCISCAN HEALTH SYSTEM

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	330
6	Total number of volunteers (estimate if necessary)	6	112
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,752
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,422,649	7,847,417
	9	Program service revenue (Part VIII, line 2g)	46,316,228	51,967,031
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-609,808	-490,377
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	380,865	474,218
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,509,934	59,798,289
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,612	12,777
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,631,557	22,770,652
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,321,241	22,999,489
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,966,410	45,782,918
	19	Revenue less expenses Subtract line 18 from line 12	10,543,524	14,015,371
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	61,030,619	87,609,934
	21	Total liabilities (Part X, line 26)	11,972,503	24,772,295
	22	Net assets or fund balances Subtract line 21 from line 20	49,058,116	62,837,639

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-09

▶ MIKE FITZGERALD TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ CATHOLIC HEALTH INITIATIVES				Firm's EIN ▶
Firm's address ▶ 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112				Phone no ▶ (720) 874-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493156002272

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
PeaceHealth

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1115 SE 164th Avenue

City or town, state or country, and ZIP + 4
Vancouver, WA 98683

D Employer identification number
91-0939479

E Telephone number
(360) 729-1030

G Gross receipts $ 1,699,437,914

F Name and address of principal officer
ALAN YORDY
1115 SE 164th Avenue
Vancouver, WA 98683

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www peacehealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Peacehealth carries on the healing mission of Jesus Christ by promoting personal and community health, releiving pain and suffering, and treating each person in a loving and caring way

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13,413
6	Total number of volunteers (estimate if necessary)	6	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,894,224
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,735,818

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,717,732	4,457,626
	9	Program service revenue (Part VIII, line 2g)	1,393,201,549	1,515,851,811
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,927,373	69,740,483
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,095,177	47,681,211
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,476,941,831	1,637,731,131
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,323,436	1,319,463
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	810,284,298	864,291,556
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,838,778		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	654,586,106	659,918,900
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,466,193,840	1,525,529,919
	19	Revenue less expenses Subtract line 18 from line 12	10,747,991	112,201,212

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,931,025,273	2,591,551,712
	21	Total liabilities (Part X, line 26)	1,012,351,681	1,035,157,642
	22	Net assets or fund balances Subtract line 21 from line 20	918,673,592	1,556,394,070

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-15

▶ Kevin Walter SVP and CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 801 Second Avenue Suite 900 Seattle, WA 98104				Phone no ▶ (206) 913-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493213001322

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EVERETT TRANSITIONAL CARE SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 5128

City or town, state or country, and ZIP + 4
EVERETT, WA 982065128

D Employer identification number
94-3264605

E Telephone number
(425) 258-7552

G Gross receipts $ 6,261,144

F Name and address of principal officer
DENNEY AUSTIN
PO BOX 1067
EVERETT, WA 98206

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW PROVIDENCE ORG/EVERETT/PROGRAMS_AND_SERVICES

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
HEALTHCARE SERVICES OF PATIENTS IN TRANSITIONAL CARE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	89
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	5,887,563	6,259,567
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,063	1,289
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	288
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,902,626	6,261,144
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,421,055	3,617,108
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,605,196	1,588,114
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,026,251	5,205,222
	19	Revenue less expenses Subtract line 18 from line 12	876,375	1,055,922

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,676,951	1,965,767
	21	Total liabilities (Part X, line 26)	15,465	480,736
	22	Net assets or fund balances Subtract line 21 from line 20	2,661,486	1,485,031

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-07-30
Signature of officer | Date

DENNEY AUSTIN ADMINISTRATOR/DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date 2012-07-30	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS, 10900 NE 4TH STREET SUITE 1700, BELLEVUE, WA 98004			EIN ▶ 91-1194016
			Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317018232

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Providence St Joseph Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 Lind Avenue SW No 9016

City or town, state or country, and ZIP + 4
Renton, WA 980579016

D Employer identification number
81-0463482

E Telephone number
(425) 525-3985

G Gross receipts $ 25,755,214

F Name and address of principal officer
John F Koster MD
1801 Lind Avenue SW No 9016
Renton, WA 980579016

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www saintjoes org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Healthcare with special concern for the poor and vulnerable in Polson, MT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	309
6	Total number of volunteers (estimate if necessary)	6	29
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	819,684
b	Net unrelated business taxable income from Form 990-T, line 34	7b	264,573

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	135,817	41,584
	9	Program service revenue (Part VIII, line 2g)	23,427,098	24,532,272
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,464	46,609
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	902,304	1,134,749
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,508,683	25,755,214
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,705	92,291
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,766,216	14,178,997
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,179,664	11,697,061
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,958,585	25,968,349
	19	Revenue less expenses Subtract line 18 from line 12	550,098	-213,135

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,416,704	18,744,482
	21	Total liabilities (Part X, line 26)	16,146,893	16,745,407
	22	Net assets or fund balances Subtract line 21 from line 20	2,269,811	1,999,075

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-11-12

▶ Todd Hofheins VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Sara Elizabeth J Hyre CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clark Nuber PS 10900 NE 4th Suite 1700 Bellevue, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320067112

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PROVIDENCE HEALTH & SERVICES - WASHINGTON

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 Lind Ave SW No 9016

City or town, state or country, and ZIP + 4
Renton, WA 980579016

D Employer identification number
51-0216586

E Telephone number
(425) 525-3985

G Gross receipts $ 5,363,442,294

F Name and address of principal officer
John F Koster MD
1801 Lind Ave SW No 9016
Renton, WA 980579016

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www2 providence org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1859

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Healthcare with special concern for the poor and vulnerable in WA & AK

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	25,449
6	Total number of volunteers (estimate if necessary)	6	4,763
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,411,808
b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,124,719

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	26,384,935	38,316,774
	9	Program service revenue (Part VIII, line 2g)	3,026,006,930	3,118,429,863
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,267,367	56,985,162
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	341,671,989	404,613,548
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,444,331,221	3,618,345,347
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,924,007	17,040,598
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,686,837,618	1,840,064,916
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,498,139		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,710,954,254	1,655,387,808
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,411,715,879	3,512,493,322
	19	Revenue less expenses Subtract line 18 from line 12	32,615,342	105,852,025

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,026,204,416	5,566,177,800
	21	Total liabilities (Part X, line 26)	3,395,073,104	3,820,671,312
	22	Net assets or fund balances Subtract line 21 from line 20	1,631,131,312	1,745,506,488

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-11-15

▶ Todd Hofheins VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Sara Elizabeth J Hyre CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clark Nuber PS, 10900 NE 4th Suite 1700, Bellevue, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493338006192

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SWEDISH HEALTH SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
747 BROADWAY

City or town, state or country, and ZIP + 4
SEATTLE, WA 981224307

D Employer identification number
91-0433740

E Telephone number
(206) 215-5967

G Gross receipts $ 1,610,903,291

F Name and address of principal officer
RODNEY HOCHMAN MD
747 BROADWAY
SEATTLE, WA 981224307

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SWEDISH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1908

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH AND WELL-BEING OF EACH PERSON WE SERVE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8,528
6	Total number of volunteers (estimate if necessary)	6	1,700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	316,685
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-51,155

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,735,201	31,160,566
	9	Program service revenue (Part VIII, line 2g)	1,380,461,703	1,498,626,735
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,003,940	26,132,811
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,918,047	43,484,490
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,463,118,891	1,599,404,602
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,309,160	7,765,223
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	791,010,733	886,076,196
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	593,575,873	712,223,508
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,391,895,766	1,606,064,927
	19	Revenue less expenses Subtract line 18 from line 12	71,223,125	-6,660,325

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,828,054,723	2,072,269,453
	21	Total liabilities (Part X, line 26)	1,220,666,916	1,635,774,200
	22	Net assets or fund balances Subtract line 21 from line 20	607,387,807	436,495,253

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-12-03
Signature of officer | Date

JEFFREY VEILLEUX CFO / TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date 2012-11-28	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136009612

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Our Lady of Lourdes Hospital at Pasco

Doing Business As
Lourdes Health Network

Number and street (or P O box if mail is not delivered to street address) | Room/suite
520 North 4th Avenue

City or town, state or country, and ZIP + 4
Pasco, WA 993012568

D Employer identification number
91-0349750

E Telephone number
(509) 547-7704

G Gross receipts $ 108,771,038

F Name and address of principal officer
Frank R Becker
520 North 4th Avenue
Pasco, WA 993012568

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www lourdeshealth net

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1920

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Respond to the health care needs of the Mid-Columbia area in a Christian spirit

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	881
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	227,792
b	Net unrelated business taxable income from Form 990-T, line 34	7b	192,901

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	129,443	320,288
	9	Program service revenue (Part VIII, line 2g)	100,224,576	106,101,005
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,122,010	1,569,879
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,445,498	727,461
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,921,527	108,718,633
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	287,377	226,321
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,094,124	54,180,103
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,401,023	49,850,538
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	100,782,524	104,256,962
	19	Revenue less expenses Subtract line 18 from line 12	2,139,003	4,461,671

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	65,694,871	70,594,814
	21	Total liabilities (Part X, line 26)	26,759,565	27,521,768
	22	Net assets or fund balances Subtract line 21 from line 20	38,935,306	43,073,046

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-14

▶ Frank R Becker VP Finance/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Rebecca Lyons	Rebecca Lyons			

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ East Fifth East Street Suite 1900
Cincinnati, OH 45202 — Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320085482

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Walla Walla General Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1025 S 2nd Ave PO Box 1398

City or town, state or country, and ZIP + 4
Walla Walla, WA 99362

D Employer identification number
91-0617726

E Telephone number
(509) 525-0480

G Gross receipts $ 47,054,151

F Name and address of principal officer
KNITTEL MONTY
1025 S 2nd Ave
Walla Walla, WA 99362

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1071

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //wwgh nw ah org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1900

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Restoring Peace Restoring Hope Restoring Health To do this as Christ did This is our Mission

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	510
6	Total number of volunteers (estimate if necessary)	6	103
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,179,603
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-43,911

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	237,003	298,339
	9	Program service revenue (Part VIII, line 2g)	40,337,297	46,615,663
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,536	140,149
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,632,836	47,054,151
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,605,021	29,441,457
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶246,282		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,782,490	20,327,331
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	41,387,511	49,768,788
	19	Revenue less expenses Subtract line 18 from line 12	-754,675	-2,714,637

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,162,965	26,323,413
	21	Total liabilities (Part X, line 26)	17,505,060	28,380,145
	22	Net assets or fund balances Subtract line 21 from line 20	657,905	-2,056,732

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-15
Signature of officer | Date

Gregory McCulloch VP Finance/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493074010292

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Agros International

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2225 - 4th Avenue 2nd Floor

City or town, state or country, and ZIP + 4
Seattle, WA 98121

D Employer identification number
91-1276578

E Telephone number
(206) 528-1066

G Gross receipts $ 5,064,316

F Name and address of principal officer
Donald J Manning
2225 Fourth Avenue Second Floor
Seattle, WA 98121

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www agros org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Empowering rural, poor commu- nities to overcome poverty with access to land, credit and training

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	347
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,141,191	4,415,959
	9	Program service revenue (Part VIII, line 2g)	917	725
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,784	125,112
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-996	-23,898
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,235,896	4,517,898
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	400,000	1,365,920
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,859,585	1,518,229
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶914,471		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,725,949	1,364,891
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,985,534	4,249,040
	19	Revenue less expenses Subtract line 18 from line 12	-749,638	268,858

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,922,974	6,334,210
	21	Total liabilities (Part X, line 26)	399,686	542,064
	22	Net assets or fund balances Subtract line 21 from line 20	5,523,288	5,792,146

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-03-10
Signature of officer | Date

▶ Donald J Manning President/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Carol R Watson	Carol R Watson	2012-03-09		

Firm's name ▶ Watson & McDonell PLLC | Firm's EIN ▶

Firm's address ▶ 1325 - 4th Avenue Suite 1705
Seattle, WA 981012528 | Phone no ▶ (206) 624-2380

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493198007262

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLACK LAKE BIBLE CAMP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6521 FAIRVIEW ROAD SW

City or town, state or country, and ZIP + 4
OLYMPIA, WA 98512

D Employer identification number
91-1090357

E Telephone number
(360) 357-8425

G Gross receipts $ 1,520,264

F Name and address of principal officer
STEVE EWERT
6307 BLACK LAKE-BELMORE ROAD
OLYMPIA, WA 98512

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www blacklakebiblecamp com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide religious education to prepare children and young people to live as committed Christians in tomorrow's world and to partner with evangelical groups in promoting the gospel

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	111
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,612
b	Net unrelated business taxable income from Form 990-T, line 34	7b	20,736

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	172,987	114,278
	9	Program service revenue (Part VIII, line 2g)	1,409,086	1,344,414
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,805	848
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,647	25,988
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,618,525	1,485,528
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	689,526	716,381
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶12,259		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	695,859	713,448
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,385,385	1,429,829
	19	Revenue less expenses Subtract line 18 from line 12	233,140	55,699

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,175,197	3,199,726
	21	Total liabilities (Part X, line 26)	1,061,485	1,030,836
	22	Net assets or fund balances Subtract line 21 from line 20	2,113,712	2,168,890

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-07-16
Signature of officer | Date

STEVE EWERT Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Gordon M Glasgow	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRESZLER LARNER MERTZ & CO LLP, 1310 SIMPSON AVE, ABERDEEN, WA 985204704			EIN ▶
			Phone no ▶ (360) 532-6873

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320036802

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BOY SCOUTS OF AMERICA COUNCIL NO 604
BLUE MOUNTAIN COUNCIL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8478 W GAGE BLVD

City or town, state or country, and ZIP + 4
KENNEWICK, WA 99336

D Employer identification number
91-0575959

E Telephone number
(509) 735-7306

G Gross receipts $ 1,336,859

F Name and address of principal officer
RICHARD SZYMANSKI
8478 W GAGE BLVD
KENNEWICK, WA 99336

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1761

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www bmcbsa org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE, WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	68
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	68
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	2,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,367,433	474,920
	9	Program service revenue (Part VIII, line 2g)	221,386	87,216
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,904	20,254
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,199	179,593
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,807,922	761,983
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,854	1,632
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	605,068	564,409
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,062	6,586
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶61,622		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	507,971	271,384
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,116,955	844,011
	19	Revenue less expenses Subtract line 18 from line 12	690,967	-82,028

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,522,836	2,388,765
	21	Total liabilities (Part X, line 26)	198,186	200,003
	22	Net assets or fund balances Subtract line 21 from line 20	2,324,650	2,188,762

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-11-15

▶ RICHARD A SZYMANSKI SCOUT EXECUTIVE — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brent Mickelsen | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Blodgett Mickelsen & Naef PS
8203 W Quinault Ave Ste 800
Kennewick, WA 99336

EIN ▶

Phone no ▶ (509) 735-0379

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493254002392

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BOY SCOUTS OF AMERICA

Doing Business As
CHIEF SEATTLE COUNCIL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3120 RAINIER AVENUE SOUTH

City or town, state or country, and ZIP + 4
SEATTLE, WA 98144

D Employer identification number
91-0569878

E Telephone number
(206)725-5200

G Gross receipts $ 20,586,823

F Name and address of principal officer
SHARON M MOULDS
3120 RAINIER AVENUE SOUTH
SEATTLE, WA 98144

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1761

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SEATTLEBSA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1916

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	75
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	75
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	224
6	Total number of volunteers (estimate if necessary)	6	7,439
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,413,214	8,023,395
	9	Program service revenue (Part VIII, line 2g)	2,472,684	1,953,057
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	981,175	773,128
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613,497	591,187
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,480,570	11,340,767
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	250,304	130,434
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,228,081	3,414,958
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶484,556		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,726,789	2,894,745
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,205,174	6,440,137
	19	Revenue less expenses Subtract line 18 from line 12	275,396	4,900,630

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	28,422,662	32,255,734
	21	Total liabilities (Part X, line 26)	613,802	774,613
	22	Net assets or fund balances Subtract line 21 from line 20	27,808,860	31,481,121

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-09-10
Signature of officer | Date

▶ SHARON M MOULDS SCOUT EXECUTIVE/CEO/CORP SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN ▶ Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493258000382

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BOY SCOUTS OF AMERICA
614 GRAND COLUMBIA COUNCIL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12 NORTH 10TH AVENUE

City or town, state or country, and ZIP + 4
YAKIMA, WA 98902

D Employer identification number
91-1550528

E Telephone number
(509)453-4795

G Gross receipts $ 1,180,036

F Name and address of principal officer
MICHAEL MURPHY
6008 SCENIC DRIVE
YAKIMA, WA 98908

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1761

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www grandcolumbiabsa org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The primary exempt purpose of the Boy Scouts of America is to promote through community organizations, and cooperation with other agencies, the ability of boys to do things for themselves and others, to train them in Scoutcraft, and to teach them patriotism, courage, self-reliance, and kindred virtues, using the methods which are now in common use by Boy Scouts

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	60
6	Total number of volunteers (estimate if necessary)	6	695
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	493,360	468,827
	9	Program service revenue (Part VIII, line 2g)	512,404	330,298
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,105	11,133
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,430	145,834
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,178,299	956,092
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100	53
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	668,179	483,189
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶94,443		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	881,075	613,844
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,549,354	1,097,086
	19	Revenue less expenses Subtract line 18 from line 12	-371,055	-140,994

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,755,102	4,502,866
	21	Total liabilities (Part X, line 26)	1,392,182	1,297,811
	22	Net assets or fund balances Subtract line 21 from line 20	3,362,920	3,205,055

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-14
Signature of officer | Date

WALTER MUELLER SCOUT EXECUTIVE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brent Mickelsen	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Blodgett Mickelsen & Naef PS 8203 W Quinault Ave Ste 800 Kennewick, WA 99336			EIN ▶ Phone no ▶ (509) 735-0379

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Inland NW Council Boy Scouts of America
411 W. Boy Scout Way
Spokane, WA 99201

D Employer Identification Number: 91-0567262

E Telephone number: (509) 325-4562

G Gross receipts $ 3,282,634.

F Name and address of principal officer: Tim McCandless
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.NorthwestScouts.org

H(c) Group exemption number ► 1761

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1922

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Our mission is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Law.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	84
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	84
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	178
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	786,501.	845,625.
	9	Program service revenue (Part VIII, line 2g)	984,699.	1,004,630.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,000.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	601,834.	614,765.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,493,034.	2,465,020.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,352,648.	1,449,636.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 255,150.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,145,096.	1,109,101.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,497,744.	2,558,737.
	19	Revenue less expenses Subtract line 18 from line 12	-4,710.	-93,717.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,092,177.	1,026,969.
	21	Total liabilities (Part X, line 26)	310,133.	338,642.
	22	Net assets or fund balances Subtract line 21 from line 20	782,044.	688,327.

RECEIVED AUG 16 2012 OGDEN, UT IRS-OSC

SCANNED AUG 30 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Tim McCandless — Signature of officer — Date 8-10-12

► Tim McCandless — Type or print name and title — Scout Executive

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Micheal A. DeCoria	Micheal A. DeCoria	7-26-12		P01217290

Firm's name ► DECORIA MAICHEL AND TEAGUE PS
Firm's address ► 7307 N DIVISION ST
SPOKANE, WA 99208-6545
Firm's EIN ► 91-1900424
Phone no (509) 535-3503

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

620

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: MOUNT BAKER COUNCIL, BOY SCOUTS OF AMERICA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1715 - 100TH PLACE SE — Room/suite: B

City or town, state or country, and ZIP + 4: EVERETT, WA 98208

D Employer identification number: 91-1622046

E Telephone number: 425-338-0380

G Gross receipts $ 3062083.

F Name and address of principal officer: DUANE RHODES, SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MTBAKERBSA.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1918 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SCOUTING PROGRAMS AND ACTIVITIES HELP TO BUILD HEALTHY, RESILIENT CHILDREN, YOUTH AND FAMILIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	101
6	Total number of volunteers (estimate if necessary)	6	4041
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4122.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	934.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	954893.	952605.
	9	Program service revenue (Part VIII, line 2g)	852043.	566051.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77911.	58970.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	507755.	512314.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2392602.	2089940.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17708.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	21499.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1198257.	1206647.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 119386.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1142343.	858911.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2358308.	2087057.
	19	Revenue less expenses. Subtract line 18 from line 12	34294.	2883.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4891217.	4897698.
	21	Total liabilities (Part X, line 26)	709553.	495466.
	22	Net assets or fund balances. Subtract line 21 from line 20	4181664.	4402232.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Duane Rhodes — Signature of officer — Date 7/3/12

▶ DUANE RHODES, SCOUT EXECUTIVE — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
PATRICIA M. MCGOORTY, CPA	Patricia M. McGoorty, CPA	6/29/12		P00062454

Firm's name ▶ MCGOORTY EISENMAN, INC PS — Firm's EIN ▶ 26-0278750

Firm's address ▶ 10410 - 19TH AVE SE, STE 102, EVERETT, WA 98208 — Phone no. (425)385-3483

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED JUL 18 2012

RECEIVED JUL 12 2012 OGDEN, UT IRS-OSC 775

9-16 14

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C
PACIFIC HARBOR COUNCIL/BOY SCOUTS
4802 SOUTH 19TH ST
TACOMA, WA 98405

D Employer Identification Number: 91-0564954

E Telephone number: 253-752-7731

G Gross receipts $ 3,705,580.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.PACIFICHARBORS.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1992

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE BOY SCOUTS OF AMERICA IS TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	5,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	979,646.	1,010,675.
	9	Program service revenue (Part VIII, line 2g)	650,581.	551,808.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	260,326.	191,636.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	456,472.	185,172.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,347,025.	1,939,291.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,375.	9,210.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,253,553.	1,274,511.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 138,723.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,089,093.	1,051,772.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,364,021.	2,335,493.
	19	Revenue less expenses Subtract line 18 from line 12	-16,996.	-396,202.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,211,921.	6,782,896.
	21	Total liabilities (Part X, line 26)	1,153,543.	1,109,230.
	22	Net assets or fund balances Subtract line 21 from line 20	6,058,378.	5,673,666.

RECEIVED JUN 2 6 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 6/20/12

► TIMOTHY GARBER — SCOUT EXECUTIVE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DONALD L. BLACKNER, EA CFP	DONALD L. BLACKNER, EA CFP	6/20/12		P00361119

Firm's name ► Sanchez Blackner & Company
Firm's address ► 33305 1ST WAY S STE 107
Federal Way, WA 98003-6259
Firm's EIN ► 91-1870316
Phone no (253) 874-0320

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11 Form 990 (2011)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JULY 1, 2010, and ending JUNE 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: BREAD OF LIFE MISSION

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 97 SOUTH MAIN STREET | Room/suite

City or town, state or country, and ZIP + 4: SEATTLE, WA 98104-2513

D Employer identification number: 91-6057907

E Telephone number: 206-682-3579

G Gross receipts $2,975,011

F Name and address of principal officer: WILLIE PARRISH, EXECUTIVE DIRECTOR

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BREADOFLIFEMISSION.ORG

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1938

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHED STATEMENT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	224
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,059,165	2,658,813
	9	Program service revenue (Part VIII, line 2g)	251,180	314,436
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,625	1,762
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,318,970	2,975,011
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	441,802	485,997
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,000	10,970
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 443,264		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,896,394	2,477,861
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,349,196	2,974,828
	19	Revenue less expenses. Subtract line 18 from line 12	(30,226)	183

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,750,136	1,727,170
	21	Total liabilities (Part X, line 26)	59,883	36,734
	22	Net assets or fund balances. Subtract line 21 from line 20	1,690,253	1,690,436

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 8-2-2011

▶ WILLIE PARRISH, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC G. BATEMAN	Marc G. Bateman CPA	8/2/11		P00056903

Firm's name ▶ MARC G. BATEMAN, CPA, P.S. — Firm's EIN ▶ 72-1547552

Firm's address ▶ 4211 ALDERWOOD MALL BLVD #205, LYNNWOOD, WA 98036 — Phone no 206-448-4400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

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Form 990

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Oct 01, 2010, and ending Sep 30, 2011

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

C Name of organization: Camp Berachah Ministries

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 19830 SE 328th Place — Room/Suite

City or town, state or country, and ZIP + 4: Auburn WA 98092

D Employer identification number: 91-1513725

E Telephone number: 253-939-0488

G Gross receipts $ 2745811.

F Name and address of principal officer: Brian Christian, 19830 SE 328 P Auburn WA 98092

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? If "No", attach a list (see instructions) ☐ Yes ☐ No

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.campberachah.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Provide year-round camps and conferences that center on Christian family values Provide facilities & recreation for churches & other Christian organizations for people to experience God & fellowship.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	215
6	Total number of volunteers (estimate if necessary)	6	450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	393336.	314665.
9	Program service revenue (Part VIII, line 2g)	2594683.	2440683.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19972.	10409.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65441.	-19946.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2942550.	2745811.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1256427.	1229906.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	480.	315.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28039.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1696799.	1794995.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2953706.	3025216.
19	Revenue less expenses. Subtract line 18 from line 12	-11156.	-279405.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	9532123.	9400861.
21	Total liabilities (Part X, line 26)	3190800.	3338943.
22	Net assets or fund balances. Subtract line 21 from line 20	6341323.	6061918.

SCANNED AUG 07 2012

RECEIVED 285 AUG 2 1 2012 IRS-OSC OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Brian Christian — Date 05/10/2012
Signature of officer

▶ Brian Christian Executive Director
Type or print name and title

Paid Preparer Use Only

Print /Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Linda Oliveira CPA	Linda Oliveira, CPA	05/11/2012		P01365317

Firm's name ▶ Oliveira CPA — Firm's EIN ▶ 91-1864754

Firm's address ▶ 17224 SE Wax Road, Covington WA 98042- — Phone no 253-639-3252

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

BCA US990$$1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228021242

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAMP SPALDING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8513 HWY 211

City or town, state or country, and ZIP + 4
NEWPORT, WA 991569727

D Employer identification number
26-2767677

E Telephone number
(509) 447-4388

G Gross receipts $ 1,269,854

F Name and address of principal officer
ANDREW SONNELAND
8513 HWY 211
NEWPORT, WA 991569727

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2008

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE A RELIGIOUS-BASED CAMP AND RETREAT EXPERIENCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	81
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	284,471	473,602
	9	Program service revenue (Part VIII, line 2g)	700,250	781,676
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,651	14,576
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	994,372	1,269,854
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	480,769	519,559
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	501,087	575,416
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	981,856	1,094,975
	19	Revenue less expenses Subtract line 18 from line 12	12,516	174,879

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	156,418	325,793
	21	Total liabilities (Part X, line 26)	14,059	6,490
	22	Net assets or fund balances Subtract line 21 from line 20	142,359	319,303

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-15
Signature of officer | Date

ANDREW SONNELAND EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JAMES R HARLESS CPA	Date 2012-08-14	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00011472
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHOEDEL & SCHOEDEL CPAS PLLC 422 W RIVERSIDE AVE STE 1420 SPOKANE, WA 992010395			EIN ▶ 91-0614823 Phone no ▶ (509) 747-2158

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493151006332

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CRISIS PREGNANCY CENTER OF THURSTON CO
DBA CARE NET
Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
135 LILLY ROAD NE

City or town, state or country, and ZIP + 4
OLYMPIA, WA 985065028

D Employer identification number
91-1271323

E Telephone number
(360) 753-8023

G Gross receipts $ 276,647

F Name and address of principal officer
JANET SWINTON
135 LILLY ROAD NE
OLYMPIA, WA 98506

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CARNETOLYMPIA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE FREE PREGNANCY/PARENTING SERVICES TO WOMEN AND THEIR FAMILIES FACING UNPLANNED PREGNANCIES, AND TO PROVIDE LIMITED STD TESTING AND TREATMENT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	285,872	276,612
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102	35
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,974	276,647
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	170,549	162,765
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,599		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	160,183	149,673
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	330,732	312,438
	19	Revenue less expenses Subtract line 18 from line 12	-44,758	-35,791
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	451,996	415,117
	21	Total liabilities (Part X, line 26)	5,463	4,375
	22	Net assets or fund balances Subtract line 21 from line 20	446,533	410,742

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-18
Signature of officer | Date

JANET SWINTON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NORMAN SMITH	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00241319
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NR SMITH AND ASSOCIATES PS 2120 CATON WAY SW OLYMPIA, WA 985021106			EIN ▶ 91-0959909 Phone no ▶ (360) 754-9475

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: CASCADE CHRISTIAN SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 3174 | Room/suite

City or town, state or country, and ZIP + 4: FERNDALE, WA 98248

D Employer identification number: 91-1017868

E Telephone number: 360-714-9355

G Gross receipts $ 3,937,421

F Name and address of principal officer: George Beanblossom, P.O. Box 3174 Ferndale, WA 98248

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.cascadechristianservices.org

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1977

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Care of individuals with disabilities at Cascade Christian Home, Crestview Adult Home, Pine Street Home, Cascade Supported Living, and Cascade Home Care totaling 53 individuals plus Vocational Services for 88 clients and 30-35 rotating clients

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	227
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

RECEIVED JUN 26 2012 OGDEN, UT IRS-OSC 408

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	112,955	73,871
	9	Program service revenue (Part VIII, line 2g)	3,597,524	3,849,720
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,535	5,318
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(781)	8,009
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,714,233	3,936,919
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,906,844	3,091,325
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,839		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	694,328	724,817
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,601,172	3,816,143
	19	Revenue less expenses. Subtract line 18 from line 12	113,061	120,777

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,905,057	2,110,634
	21	Total liabilities (Part X, line 26)	348,191	432,992
	22	Net assets or fund balances. Subtract line 21 from line 20	1,556,866	1,677,642

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Rhonda Howard — Signature of officer — Date

▶ Rhonda Howard Board President — Type or print name and title

SCANNED JUL 17 2012

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

G17

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Catholic Cemeteries of Spokane

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 18006 | Room/suite

City or town, state or country, and ZIP + 4: Spokane, WA 99228

D Employer identification number: 91-0564968

E Telephone number: (509) 467-5496

G Gross receipts $ 2,137,716.

F Name and address of principal officer: Jim Falkner, 7200 N. Wall St, Spokane, WA 99208

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.cathcem.org

H(c) Group exemption number ▶ 0928

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1932 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Operation and maintenance of area's cemeteries.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	20,109.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,354.	453,933.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,369,330.	1,190,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,590,684.	1,664,246.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	914,050.	957,634.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	881,850.	563,884.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,795,900.	1,521,518.
	19	Revenue less expenses Subtract line 18 from line 12	794,784.	142,728.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,856,662.	6,365,021.
	21	Total liabilities (Part X, line 26)	3,150,221.	3,126,290.
	22	Net assets or fund balances Subtract line 21 from line 20	2,706,441.	3,238,731.

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OGDEN, UT
IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 12/15/11

▶ Jim Falkner, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Hubert Langenhorst	H Langenhorst CPA	12-8-11		

Firm's name ▶ Langenhorst & Self-Merritt CPAs, P.S. | Firm's EIN ▶

Firm's address ▶ 522 W. Riverside, Suite 750, Spokane, WA 99201 | Phone no 509.444.6819

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED JAN 09 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493086001412

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES HOUSING SERVICES
CCHS-DIOCESE OF YAKIMA

Doing Business As
CO MARIO VILLANUEVA

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5301 TIETON DRIVE
ROOM/SUITE G

City or town, state or country, and ZIP + 4
YAKIMA, WA 989083479

D Employer identification number
91-1955616

E Telephone number
(509) 853-2800

G Gross receipts $ 7,158,174

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CCHSYAKIMA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE LOW AND MODERATE INCOME PERSONS, ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS, AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS IN LONGER LIVING

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,659,003	3,953,927
	9	Program service revenue (Part VIII, line 2g)	1,382,861	1,117,402
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,897	34,150
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,075,761	5,105,479
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	583,349	736,737
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,471	4,777
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,266		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	831,002	1,419,834
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,429,822	2,161,348
	19	Revenue less expenses Subtract line 18 from line 12	5,645,939	2,944,131

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,426,906	20,802,431
	21	Total liabilities (Part X, line 26)	9,858,133	8,289,527
	22	Net assets or fund balances Subtract line 21 from line 20	9,568,773	12,512,904

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-03-23

▶ JOHN YOUNG PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CRAIG T LEONG	CRAIG T LEONG	2012-03-26		

Firm's name ▶ LOVERIDGE HUNT & CO CPA'S — Firm's EIN ▶

Firm's address ▶ 11100 NE EIGHTH STREET SUITE 410
BELLEVUE, WA 980044441 — Phone no ▶ (425) 453-2088

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319030322

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES OF SPOKANE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 2253

City or town, state or country, and ZIP + 4
SPOKANE, WA 992102253

D Employer identification number
91-0569880

E Telephone number
(509) 368-4257

G Gross receipts $ 11,115,619

F Name and address of principal officer
ROBERT J MCCANN
P O BOX 2253
SPOKANE, WA 992102253

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW CATHOLICCHARITIESSPOKANE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1912

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SOCIAL SERVICES INCLUDING HOMELESS SHELTERS, TRANSITIONAL, SENIOR AND LOW INCOME HOUSING MANAGEMENT, COUNSELING, IMMIGRATION SERVICES, HOME CHORE AND TRANSPORTATION SERVICES FOR SENIOR CITIZENS, DAYCARE, PARENTING ASSISTANCE, SUPPORTIVE SERVICES FOR DISABLED WOMEN, AND EMERGENCY ASSISTANCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	300
6	Total number of volunteers (estimate if necessary)	6	6,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,342,681	6,372,604
	9	Program service revenue (Part VIII, line 2g)	1,965,308	2,221,312
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,119	12,964
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,561	1,618
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,642,669	8,608,498
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,324,046	5,784,947
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶414,970		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,712,196	3,749,692
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,036,242	9,534,639
	19	Revenue less expenses Subtract line 18 from line 12	-393,573	-926,141

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,334,728	18,400,300
	21	Total liabilities (Part X, line 26)	3,727,056	3,768,165
	22	Net assets or fund balances Subtract line 21 from line 20	15,607,672	14,632,135

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-14
Signature of officer | Date

ROBERT J MCCANN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HARLEY B RECKORD	Date 2012-11-13	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00060217
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP, 601 WEST RIVERSIDE SUITE 700, SPOKANE, WA 992010622			EIN ▶ 41-0746749
			Phone no ▶ (509) 363-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132024312

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Catholic Community Services of Western Washington

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 - 23rd Avenue South

City or town, state or country, and ZIP + 4
Seattle, WA 981442302

D Employer identification number
91-1585652

E Telephone number
(206) 328-5771

G Gross receipts $ 99,241,089

F Name and address of principal officer
Michael Reichert
100 - 23rd Avenue South
Seattle, WA 981442302

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www CCSWW org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To minister to the needs of individuals, families and groups in Western Washington who are poor, troubled or otherwise in need, with a braod range of interrelated services

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4,914
6	Total number of volunteers (estimate if necessary)	6	13,983
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	84,041,017	85,873,515
	9	Program service revenue (Part VIII, line 2g)	11,712,972	11,276,302
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,908,865	373,233
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	830,562	1,616,575
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,493,416	99,139,625
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,244,703	7,423,806
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,598,848	73,303,034
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,740	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶991,322		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	14,725,755	16,172,756
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	95,590,046	96,899,596
	19	Revenue less expenses Subtract line 18 from line 12	2,903,370	2,240,029

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,826,552	43,730,682
	21	Total liabilities (Part X, line 26)	15,007,994	14,743,580
	22	Net assets or fund balances Subtract line 21 from line 20	26,818,558	28,987,102

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-11
Signature of officer | Date

Peter Bernauer Vice President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Susan Reilly	Susan Reilly	2012-05-07		

Firm's name ▶ Watson & McDonell PLLC | Firm's EIN ▶

Firm's address ▶ 1325 - 4th Avenue Suite 1705
Seattle, WA 981012528 | Phone no ▶ (206) 624-2380

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [X] Terminated
- [ ] Amended return
- [ ] Application pending

CATHOLIC FAMILY & CHILD SERVICE OF
TRI-CITIES
2139 VAN GIESEN
RICHLAND, WA 99352

D Employer Identification Number: 91-0676676

E Telephone number: 509-946-4645

G Gross receipts $ 4,897,147.

F Name and address of principal officer: JOHN YOUNG
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.CCYAKIMA.ORG/FAMILY/RICHLAND

H(c) Group exemption number ► 0928

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1949 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS A SOCIAL SERVICE, CHILD CARE, AND MENTAL HEALTH AGENCY IN CENTRAL WASHINGTON SINCE 1949. THE ORGANIZATION'S SERVICES ADDRESS THE NEEDS OF CHILDREN, ADULTS, AND FAMILIES FROM ALL SOCIO-ECONOMIC, RELIGIOUS, AND ETHNIC BACKGROUNDS. THE ORGANIZATION PROVIDES

2 Check this box ► [X] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	82
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,770,435.	4,537,550.
	9	Program service revenue (Part VIII, line 2g)	205,355.	256,237.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60.	92.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,871.	16,606.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,991,721.	4,810,485.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,290.	214,833.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,277,143.	2,614,697.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,551.	3,023.
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 114,428.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,901,020.	1,914,547.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,230,004.	4,747,100.
	19	Revenue less expenses Subtract line 18 from line 12	-238,283.	63,385.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,200,460.	0.
	21	Total liabilities (Part X, line 26)	963,735.	0.
	22	Net assets or fund balances Subtract line 21 from line 20	236,725.	0.

RECEIVED
MAY 10 2012
OGDEN, UT
A029 IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer John L. Young Date 5/7/2012

► JOHN YOUNG PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RALPH CONNER, CPA	RALPH CONNER, CPA	5/01/12		N/A

Firm's name ► CLIFTONLARSONALLEN LLP
Firm's address ► 610 N. 39TH AVENUE
YAKIMA, WA 98902

Firm's EIN ► N/A
Phone no (509) 823-2910

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form **990** (2010)

SCANNED JUN 14 2012

J17-20

13

Form **990**

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

2010

[redacted]

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [X] Terminated
- [ ] Amended return
- [ ] Application pending

CATHOLIC FAMILY & CHILD SERVICE OF WENATCHEE
23 S. WENATCHEE AVENUE #320
WENATCHEE, WA 98801

D Employer Identification Number: 91-0668559

E Telephone number: 509-662-6761

G Gross receipts $ 2,643,317.

F Name and address of principal officer: JOHN YOUNG
30 LUPINE DRIVE YAKIMA, WA 98901

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.CCYAKIMA.ORG

H(c) Group exemption number ► 0928

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1949

M State of legal domicile WA

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS A SOCIAL SERVICE, CHILD CARE, AND MENTAL HEALTH AGENCY IN CENTRAL WASHINGTON SINCE 1949. THE ORGANIZATION'S SERVICES ADDRESS THE NEEDS OF CHILDREN, ADULTS, AND FAMILIES FROM ALL SOCIO-ECONOMIC, RELIGIOUS, AND ETHNIC BACKGROUNDS.

2 Check this box ► [X] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	46
6	Total number of volunteers (estimate if necessary)	6	240
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,141,194.	2,568,404.
	9	Program service revenue (Part VIII, line 2g)	76,630.	59,028.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,151.	956.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,383.	10,967.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,231,358.	2,639,355.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,180.	45,501.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,532,834.	1,632,067.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	270.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 1,190.	[redacted]	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	722,295.	947,849.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,261,579.	2,625,417.
	19	Revenue less expenses Subtract line 18 from line 12	-30,221.	13,938.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,333,596.	0.
	21	Total liabilities (Part X, line 26)	528,687.	0.
	22	Net assets or fund balances Subtract line 21 from line 20	804,909.	0.

RECEIVED
MAY 10 2012
OGDEN, UT
IRS-OSC

SCANNED JUN 14 2012

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer John L. Young Date 5/7/2012

► JOHN YOUNG PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self employed	PTIN
RALPH CONNER, CPA	RALPH CONNER, CPA	5/01/12		N/A

Firm's name ► CLIFTONLARSONALLEN LLP
Firm's address ► 610 N. 39TH AVENUE
YAKIMA, WA 98902

Firm's EIN ► N/A
Phone no (509) 823-2910

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

917-20

11

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [X] Terminated
- [ ] Amended return
- [ ] Application pending

CATHOLIC FAMILY & CHILD SERVICE OF YAKIMA
5301 TIETON DRIVE, SUITE C
YAKIMA, WA 98908

D Employer Identification Number 91-0564959

E Telephone number 509-965-7100

G Gross receipts $ 9,211,675.

F Name and address of principal officer JOHN YOUNG
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.CCYAKIMA.ORG/FAMILY/YAKIMA

H(c) Group exemption number ► 0928

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1949 **M** State of legal domicile WA

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS A SOCIAL SERVICE, CHILD CARE AND SUPPORT, AND MENTAL HEALTH AGENCY IN CENTRAL WASHINGTON SINCE 1949. THE ORGANIZATION'S SERVICES ADDRESS THE NEEDS OF CHILDREN, ADULTS, AND FAMILIES FROM ALL SOCIOECONOMIC, RELIGIOUS, AND ETHNIC BACKGROUNDS, AND ARE OFFERED IN

2 Check this box ► [X] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	159
6	Total number of volunteers (estimate if necessary)	6	1,300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,125,454.	7,861,655.
	9	Program service revenue (Part VIII, line 2g)	1,287,498.	1,254,598.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,274.	23,944.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,470.	41,623.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,478,696.	9,181,820.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,020.	110,692.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,066,751.	3,689,333.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 5,976.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,395,172.	5,101,253.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,573,943.	8,901,278.
	19	Revenue less expenses Subtract line 18 from line 12	-95,247.	280,542.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,807,611.	0.
	21	Total liabilities (Part X, line 26)	1,023,429.	0.
	22	Net assets or fund balances Subtract line 21 from line 20	2,784,182.	0.

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► John L. Young — Signature of officer — Date 5/7/2012

► JOHN YOUNG — PRESIDENT & CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self employed	PTIN
RALPH CONNER, CPA	RALPH CONNER, CPA	5/01/12		N/A

Firm's name ► CLIFTONLARSONALLEN LLP
Firm's address ► 610 N. 39TH AVENUE
YAKIMA, WA 98902

Firm's EIN ► N/A
Phone no (509) 823-2910

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form **990** (2010)

SCANNED JUN 14 2012

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917-20

7

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 - 23rd Avenue S

City or town, state or country, and ZIP + 4
Seattle, WA 98144

D Employer identification number
91-1099134

E Telephone number
(206) 328-5660

G Gross receipts $ 19,505,094

F Name and address of principal officer
John Hickman
100 - 23rd Avenue S
Seattle, WA 98144

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www CCSWW org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide housing and support for low income, homeless and special needs individuals and families

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	339
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,229,500	12,131,326
	9	Program service revenue (Part VIII, line 2g)	3,743,402	6,245,890
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-548,487	177,926
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,234	148,351
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,637,649	18,703,493
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,633,722	596,264
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,354,900	6,547,413
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶53,368		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,207,994	7,820,805
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,196,616	14,964,482
	19	Revenue less expenses Subtract line 18 from line 12	8,441,033	3,739,011

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	54,795,540	65,855,386
	21	Total liabilities (Part X, line 26)	37,907,040	45,117,471
	22	Net assets or fund balances Subtract line 21 from line 20	16,888,500	20,737,915

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-09
Signature of officer | Date

JOHN HICKMAN Vice President/Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Susan Reilly	Susan Reilly	2012-05-09		

Firm's name ▶ Watson & McDonell PLLC | Firm's EIN ▶

Firm's address ▶ 1325 - 4th Avenue Suite 1705
Seattle, WA 981012528 | Phone no ▶ (206) 624-2380

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312001102

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CEDAR SPRINGS CHRISTIAN RETREAT CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4700 MINAKER ROAD

City or town, state or country, and ZIP + 4
SUMAS, WA 98295

D Employer identification number
91-1168903

E Telephone number
(360) 988-6674

G Gross receipts $ 970,983

F Name and address of principal officer
MARK BREWSTER
4700 MINAKER ROAD
SUMAS, WA 98295

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE THE PHYSICAL FACILITIES FOR ADULT CHRISTIAN DISCIPLING PROGRAMS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	94,197	103,348
	9	Program service revenue (Part VIII, line 2g)	912,389	861,993
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,116	5,642
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,012,702	970,983
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	388,500	383,718
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	612,793	702,949
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,001,293	1,086,667
	19	Revenue less expenses Subtract line 18 from line 12	11,409	-115,684

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,417,746	1,305,552
	21	Total liabilities (Part X, line 26)	8,585	12,075
	22	Net assets or fund balances Subtract line 21 from line 20	1,409,161	1,293,477

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-06
Signature of officer | Date

MARK BREWSTER CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KEN VER BURG CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00024852
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSON GROSS PLLC, 1616 CORNWALL AVENUE SUITE 205, BELLINGHAM, WA 98225			EIN ▶ 91-1663574
			Phone no ▶ (360) 734-4280

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning October 1, , 2010, and ending September 30, , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Center for Ministry Development, Inc.
Doing Business As: Center for Ministry Development
Number and street (or P.O. box if mail is not delivered to street address): 5713 Wollochet Dr. NW
Room/suite: Ste. A
City or town, state or country, and ZIP + 4: Gig Harbor, WA 98335

D Employer identification number: 22-2215245
E Telephone number: 253-853-5422
G Gross receipts $

F Name and address of principal officer: Thomas East
6725 40th Street Court NW Gig Harbor, WA 98335

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.cmdnet.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1978
M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The Center for Ministry Development provides training, resources and consultation for pastoral ministry and catechesis with youth, young adults, families and the intergenerational community. Rooted in the Catholic vision, CMD inspires and equips leaders in faith communities to help ensure a future of exemplary ministry and foster lifelong faith formation through active participation.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,600
	9	Program service revenue (Part VIII, line 2g)	1,612,397	1,705,897
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,603	101,219
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,748,002	1,808,716
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	668,471	667,283
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,065,047	1,126,370
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,733,518	1,793,653
	19	Revenue less expenses. Subtract line 18 from line 12	15,484	15,063
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	233,907	266,858
	21	Total liabilities (Part X, line 26)	615,516	593,402
	22	Net assets or fund balances. Subtract line 21 from line 20	(381,609)	(366,544)

RECEIVED MAY 14 2012 OGDEN, UT IRS-OSC

SCANNED JUN 08 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
▶ Signature of officer — Date 5.10.12
▶ Thomas J. East, President and Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶
Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y Form **990** (2010)

90-13 8

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTER FOR RELIGIOUS HUMANISM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3307 3RD AVE W

City or town, state or country, and ZIP + 4
SEATTLE, WA 98119

D Employer identification number
31-1041181

E Telephone number
(206) 281-2988

G Gross receipts $ 755,070

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www imagejournal org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE CENTER FOR RELIGIOUS HUMANISM IS TO EXPLORE THE RELATIONSHIP BETWEEN JUDEO-CHRISTIAN TRADITION AND CONTEMPORARY ART AND LITERATURE THE ORGANIZATION PUBLISHES A QUARTERLY "IMAGE" JOURNAL AND SPONSORS SEVERAL CONFERENCES AND A WEBSITE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,959
b	Net unrelated business taxable income from Form 990-T, line 34	7b	251

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	252,902	337,196
	9	Program service revenue (Part VIII, line 2g)	390,116	397,986
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,281	7,033
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,733	9,605
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	659,032	751,820
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	213,797	250,984
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶95,934		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	429,503	507,733
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	643,300	758,717
	19	Revenue less expenses Subtract line 18 from line 12	15,732	-6,897
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	422,431	408,366
	21	Total liabilities (Part X, line 26)	18,652	9,798
	22	Net assets or fund balances Subtract line 21 from line 20	403,779	398,568

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-14
Signature of officer | Date

GREGORY WOLFE President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DELBERT W HANNEMAN CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Hanneman CPA PA 3455 N Amidon Ave Wichita, KS 672044147			EIN ▶ Phone no ▶ (316) 832-1123

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILDCARE WORLDWIDE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1971 MIDWAY LN

City or town, state or country, and ZIP + 4
BELLINGHAM, WA 98226

D Employer identification number
95-3619910

E Telephone number
(360) 647-2283

G Gross receipts $ 2,924,347

F Name and address of principal officer
DR GM LANGE
1971 MIDWAY LANE
BELLINGHAM, WA 98226

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHILDCAREWORLDWIDE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO BUILD A BRIDGE BETWEEN CONCERNED PEOPLE IN THE WEST AND CHILDREN IN THE DEVELOPING WORLD, TO HELP MEET THEIR SPIRITUAL AND PHYSICAL NEEDS THROUGH A MINISTRY THAT EMPHASIZES EDUCATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,492,048	2,917,946
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,514	6,401
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,498,562	2,924,347
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,041,467	1,275,072
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	888,856	1,035,484
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶268,814		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	723,853	658,391
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,654,176	2,968,947
	19	Revenue less expenses Subtract line 18 from line 12	-155,614	-44,600

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,831,813	1,873,776
	21	Total liabilities (Part X, line 26)	225,562	146,322
	22	Net assets or fund balances Subtract line 21 from line 20	1,606,251	1,727,454

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-03-26
Signature of officer | Date

▶ DR GM LANGE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
MURRAY HILDEBRAND	MURRAY HILDEBRAND	2012-03-26		

Firm's name ▶ MURRAY HILDEBRAND | Firm's EIN ▶

Firm's address ▶ 147 PARK VIEW DRIVE
LYNDEN, WA 98264 | Phone no ▶ (360) 927-9885

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning MAY 1, 2010 and ending APR 30, 2011

B Check if applicable: [ ] Address change [X] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: CHRIST CLINIC / CHRIST KITCHEN

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 914 W. CARLISLE — Room/suite

City or town, state or country, and ZIP + 4: SPOKANE, WA 99205

D Employer identification number: 91-1435174

E Telephone number: 509-325-0393

G Gross receipts $ 788,568.

F Name and address of principal officer: FRANK OTTO, 1004 WEST 30TH, SPOKANE, WA 99203

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1989 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CHRIST CLINIC / CHRIST KITCHEN PROVIDES MEDICAL SERVICES FREE OR AT A REDUCED CHARGE TO THOSE

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	152,729.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<101,198.>

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	642,361.	450,917.
	9	Program service revenue (Part VIII, line 2g)	256,739.	308,811.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,534.	845.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,845.	27,995.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	923,479.	788,568.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	411,431.	596,749.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	48,665.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,789.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	325,435.	380,242.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	785,531.	976,991.
	19	Revenue less expenses. Subtract line 18 from line 12	137,948.	<188,423.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,780,381.	2,440,479.
	21	Total liabilities (Part X, line 26)	502,391.	350,912.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,277,990.	2,089,567.

RECEIVED SEP 16 2011 IRS-OSC OGDEN, UT

SCANNED SEP 22 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 09/07/2011

▶ FRANK OTTO, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
PATRICK A TERHAAR CPA		08/17/11		

Firm's name ▶ SCHOEDEL & SCHOEDEL, CPAS PLLC — Firm's EIN ▶

Firm's address ▶ 422 W RIVERSIDE AVE, STE 1420, SPOKANE, WA 99201-0395 — Phone no (509)747-2158

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/16

15

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Christian Health Care Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
855 Aaron Drive

City or town, state or country, and ZIP + 4
Lynden, WA 98264

D Employer identification number
91-0645439

E Telephone number
(360) 354-4434

G Gross receipts $ 12,235,232

F Name and address of principal officer
ANITA TALLMAN
855 AARON DRIVE
LYNDEN, WA 98264

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www christianhealthcarecenter org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
christian health care center is a Skilled Nursing facility which provides housing and services designed to meet the needs of older Lynden Washington residents regardless of their ability to pay

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	322
6	Total number of volunteers (estimate if necessary)	6	196
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,750	2,597
	9	Program service revenue (Part VIII, line 2g)	11,575,680	12,189,218
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,342	35,649
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,638,772	12,227,464
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,083	1,999
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,666,891	7,657,374
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,284,375	3,663,142
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,971,349	11,322,515
	19	Revenue less expenses Subtract line 18 from line 12	667,423	904,949

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,671,585	15,355,897
	21	Total liabilities (Part X, line 26)	6,172,655	5,952,018
	22	Net assets or fund balances Subtract line 21 from line 20	8,498,930	9,403,879

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

******
Signature of officer

2012-06-20
Date

ANITA TALLMAN Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Cynthia J Heuberger	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Hansen Hunter & Co PC 8930 SW Gemini Drive Beaverton, OR 97008			EIN ▶ Phone no ▶ (503) 244-2134

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: Christian Youth Theater - Spokane

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 11932 | Room/suite

City or town, state or country, and ZIP + 4: Spokane Valley, WA 99211-1932

D Employer identification number 91-1949474

E Telephone number (509) 487-6540

G Gross receipts $ 375,445.

F Name and address of principal officer: Dyer Davis
1621 W Pinecrest Dr, Spokane Valley, WA 992

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ http://www.cytspokane.com/

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2000 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The organization provides education in theater arts and a platform for students to apply their

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	51
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	20,456.	82,000.
	9	Program service revenue (Part VIII, line 2g)	277,154.	241,606.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	36,652.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	297,610.	360,258.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,429.	139,651.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	862.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	162,449.	163,420.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	303,740.	303,071.
	19	Revenue less expenses Subtract line 18 from line 12	<6,130.>	57,187.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,411.	90,971.
	21	Total liabilities (Part X, line 26)	4,288.	13,661.
	22	Net assets or fund balances Subtract line 21 from line 20	20,123.	77,310.

RECEIVED
107 FEB 15 2012 IRS-OSC
OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 2-10-2012

▶ Robert Fisher, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Kemper Rojas, CPA, CITP		2-10-12		P01078267

Firm's name ▶ Fruci & Associates — Firm's EIN ▶ 20-8571624

Firm's address ▶ P.O. Box 2163
Spokane, WA 99210-2163 — Phone no (509)624-9223

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

See Schedule O for Organization Mission Statement Continuation

SCANNED FEB 23 2012

17

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223007362

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
COLUMBIA LUTHERAN MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4700 PHINNEY AVE N

City or town, state or country, and ZIP + 4
SEATTLE, WA 981036399

D Employer identification number
91-0570840

E Telephone number
(206) 632-7400

G Gross receipts $ 13,719,511

F Name and address of principal officer
DAVID ANDERSON
4700 PHINNEY AVE N
SEATTLE, WA 981036399

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www columbialutheranhome com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SKILLED NURSING, REHABILITATION, IN-HOME DOMESTIC SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	271
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	202,026	235,262
	9	Program service revenue (Part VIII, line 2g)	11,454,609	12,022,428
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,147	213,063
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,138	24,796
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,777,920	12,495,549
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,010,455	7,739,415
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶15,618		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,789,912	3,476,593
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,800,367	11,216,008
	19	Revenue less expenses Subtract line 18 from line 12	977,553	1,279,541

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	12,919,697	12,699,446
	21	Total liabilities (Part X, line 26)	4,176,485	2,796,992
	22	Net assets or fund balances Subtract line 21 from line 20	8,743,212	9,902,454

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-06
Signature of officer | Date

DAVID HEYER TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
SUSAN L PAULSEN CPA NHA	2012-08-10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PAULSEN MEGAARD & CO PS
22232 17TH AVE SE SUITE 310
BOTHELL, WA 980217425

EIN ▶

Phone no ▶ (425) 489-3416

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493352007872

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COTTESMORE CHRISTIAN CHILD CARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
C/O 3814 68TH AVE CT NW

City or town, state or country, and ZIP + 4
GIG HARBOR, WA 98335

D Employer identification number
91-1596898

E Telephone number
(253) 858-9858

G Gross receipts $ 611,046

F Name and address of principal officer
CAROLYN FARMER
C/O 3814 68TH AVE CT NW
GIG HARBOR, WA 98335

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW COTTESMORECHILDCARE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE CHILD CARE FOR CHILDREN

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	53
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	179,516	151,490
	9	Program service revenue (Part VIII, line 2g)	615,639	459,549
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67	7
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	795,222	611,046
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	718,901	577,590
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,821	70,245
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	795,757	647,835
	19	Revenue less expenses Subtract line 18 from line 12	-535	-36,789

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	84,228	45,719
	21	Total liabilities (Part X, line 26)	10,127	8,407
	22	Net assets or fund balances Subtract line 21 from line 20	74,101	37,312

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-12-14
Signature of officer | Date

CAROLYN FARMER VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT RYAN	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00005746
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RYAN JORGENSON & LIMOLI PS 7525 PIONEER WAY STE 201 GIG HARBOR, WA 98335			EIN ▶ 91-1342742 Phone no ▶ (253) 851-3425

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315031641

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CRISTA Ministries

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
19303 Fremont Ave N

City or town, state or country, and ZIP + 4
Seattle, WA 981333800

D Employer identification number
91-6012289

E Telephone number
(206) 546-7272

G Gross receipts $ 193,636,347

F Name and address of principal officer
Robert Lonac
19303 Fremont Ave N
Seattle, WA 981333800

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www crista org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CRISTA Ministries mission is to love God by serving people, meeting practical and spiritual needs so that those we serve will be built up in love, united in faith and maturing in Christ This is done through long term health care, education (K-12), camping, broadcasting, relief and development and other means

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,407
6	Total number of volunteers (estimate if necessary)	6	10,055
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,397,412
b	Net unrelated business taxable income from Form 990-T, line 34	7b	279,331

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	82,041,868	83,985,809
	9	Program service revenue (Part VIII, line 2g)	58,815,819	58,618,828
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,639,325	1,885,275
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	442,653	377,015
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,661,015	144,866,927
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,268,943	56,850,244
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,686,837	45,012,500
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	457,294	425,897
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,676,992		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	36,646,605	44,525,038
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	138,059,679	146,813,679
	19	Revenue less expenses Subtract line 18 from line 12	601,336	-1,946,752

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	120,213,922	122,929,777
	21	Total liabilities (Part X, line 26)	35,952,550	39,497,252
	22	Net assets or fund balances Subtract line 21 from line 20	84,261,372	83,432,525

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-11
Signature of officer | Date

Brian Kirkpatrick CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Jane M Searing	Jane M Searing			

Firm's name ▶ Clark Nuber PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4th Street Suite 1700
Bellevue, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
ELIJAH HOUSE, INC
PO BOX 14528
SPOKANE VALLEY, WA 99214

D Employer Identification Number: 51-0179820

E Telephone number: 509-321-1255

G Gross receipts $ 894,632.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► elijahhouse.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1975

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities RELIGIOUS AND EDUCATIONAL

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	358,645.	445,709.
	9	Program service revenue (Part VIII, line 2g)	608,705.	448,914.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	377.	9.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	967,727.	894,632.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,795.	43,773.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,877.	349,930.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	592,232.	405,694.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,026,904.	799,397.
	19	Revenue less expenses. Subtract line 18 from line 12	-59,177.	95,235.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,277,712.	1,272,486.
	21	Total liabilities (Part X, line 26)	150,902.	50,444.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,126,810.	1,222,042.

RECEIVED
364 JUL 0 2 2012 IRS-OSC
OGDEN, UT

SCANNED JUL 12 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 6-26-12

ROBERT FETVEIT, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DIANE GARDNER, E.A.	DIANE GARDNER, E.A.	6/22/12		P00636385

Firm's name ► ADEPT BUSINESS SERVICES
Firm's address ► PO Box 1132, RATHDRUM, ID 83858
Firm's EIN ► 82-0521234
Phone no (208) 687-0508

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11 Form 990 (2011)

G-M 12

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JANUARY 1, 2011, and ending DECEMBER 31, 2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: EUROPEAN CHRISTIAN MISSION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 1006 | Room/suite

City or town, state or country, and ZIP + 4: POINT ROBERTS, WA 98281-1006

D Employer identification number: 231663798

E Telephone number: 604-946-6236

G Gross receipts $ 1163839

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ ECMNA.ORG

H(c) Group exemption number ▶

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶

L Year of formation 1962 **M** State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
EVANGELISM, BIBLICAL TEACHING, CHURCH PLANTING & DEVELOPMENT, TRAINING CHRISTIAN WORKERS, PASTORAL CARE & HELPS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,113,660	1,163,034
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,824	805
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,115,484	1163839
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,000	111,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	908037	848408
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119199	112128
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,122,236	1072036
	19	Revenue less expenses. Subtract line 18 from line 12	<6752>	91803
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	314042	373580
	21	Total liabilities (Part X, line 26)	35317	3052
	22	Net assets or fund balances. Subtract line 21 from line 20	278725	370528

RECEIVED MAY 07 2012 OGDEN, UT IRS-OSC

SCANNED JUN 04 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 3/5/2012

▶ VINCENT CYRIL RICE, INTERNATIONAL DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

G17

18

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035652

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EVERETT GOSPEL MISSION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 423

City or town, state or country, and ZIP + 4
EVERETT, WA 98206

D Employer identification number
91-0780146

E Telephone number
(425) 252-1297

G Gross receipts $ 3,663,746

F Name and address of principal officer
JODY LYNN
1604 GEORGIA PLACE
ANACORTES, WA 98221

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EGMISSION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE FOOD, SHELTER, MEDICAL ASSISTANCE AND COUNSELING TO LOW INCOME AND TRANSIENT INDIVIDUALS.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	27
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,432,701	3,561,117
	9	Program service revenue (Part VIII, line 2g)	111,303	95,829
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	954	-7,449
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,578	5,380
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,549,536	3,654,877
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	873,891	964,359
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	373,647	197,602
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶504,758		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,416,506	2,559,773
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,664,044	3,721,734
	19	Revenue less expenses Subtract line 18 from line 12	-114,508	-66,857
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,091,202	3,984,428
	21	Total liabilities (Part X, line 26)	1,163,309	1,120,173
	22	Net assets or fund balances Subtract line 21 from line 20	2,927,893	2,864,255

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-14
Signature of officer | Date

SYLVIA ANDERSON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ MCGOORTY EISENMAN INC PS				Firm's EIN ▶
Firm's address ▶ 10410 - 19TH AVE SE STE 102 EVERETT, WA 98208				Phone no ▶ (425) 385-3483

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227040472

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Experience Mission Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 719

City or town, state or country, and ZIP + 4
Port Hadlock, WA 983390719

D Employer identification number
76-0741179

E Telephone number
(888)475-6414

G Gross receipts $ 1,125,652

F Name and address of principal officer
Chris Clum
PO Box 719
Port Hadlock, WA 983390719

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www experiencemission org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Spread Christ's love by assiting under-developed communities throughout the world

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	2,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	757,180	1,122,912
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,251	1,137
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	754,929	1,124,049
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	231,784	328,595
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	495,033	751,540
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	726,817	1,080,135
	19	Revenue less expenses Subtract line 18 from line 12	28,112	43,914

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	441,401	491,855
	21	Total liabilities (Part X, line 26)	660,242	658,881
	22	Net assets or fund balances Subtract line 21 from line 20	-218,841	-167,026

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-08-13
Signature of officer | Date

▶ Chris Clum Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Howard Donkin CPA	Howard Donkin CPA	2012-08-13		

Firm's name ▶ Jacobson Jarvis & Co PLLC | Firm's EIN ▶

Firm's address ▶ 600 Stewart Street Suite 1900
Seattle, WA 981011219 | Phone no ▶ (206) 628-8990

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Families Unlimited Network

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 65672 | Room/suite

City or town, state or country, and ZIP + 4: University Place, WA 98464-0672

D Employer identification number: 20-0435496

E Telephone number: 253-460-3134

G Gross receipts $ 649846

F Name and address of principal officer: Cindy Huff, Executive Director, PO Box 65672, University Place, WA 98464-0672

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.familiesunlimitednetwork.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile. WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To honor and strengthen families to prosper by teaching, supporting essential needs and building relationships. The organization operates a food bank, an after-school tutoring program for children in grades three through seven, and provides rent and utility assistance.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	115
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	781830	632862
	9	Program service revenue (Part VIII, line 2g)	19799	16984
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801629	649846
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	539568	455036
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	135040	154487
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	99602	36753
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	774210	646276
	19	Revenue less expenses. Subtract line 18 from line 12	27419	3570

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	149637	152587
	21	Total liabilities (Part X, line 26)	620	0
	22	Net assets or fund balances. Subtract line 21 from line 20	149017	152587

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Cindy M. Huff — Signature of officer — Date

▶ Cindy Huff, Executive Director — Type or print name and title — 2-2-12

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED FEB 22 2012

RECEIVED FEB 06 2012 OGDEN, UT IRS-OSC

G17 22

EXTENSION GRANTED TO 8/15/2012

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: FIRS BIBLE & MISSIONARY CONFERENCE

Doing Business As: CAMP FIRWOOD; FIRS CHALET; ASA

Number and street (or P.O. box if mail is not delivered to street address): 4605 CABLE STREET | Room/suite

City or town, state or country, and ZIP + 4: BELLINGHAM, WA 98229-2618

D Employer identification number: 91-0609820

E Telephone number: 360-733-6840

G Gross receipts $ 2,890,569.

F Name and address of principal officer: TOM BEAUMONT
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.THEFIRS.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1929 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CHRISTIAN CAMP AND RETREAT FACILITIES; COMMUNITY DAY CAMP AND BEFORE/AFTER SCHOOL PROGRAMS.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	187
6	Total number of volunteers (estimate if necessary)	6	70
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	755,137.	264,686.
	9	Program service revenue (Part VIII, line 2g)	2,281,958.	2,193,321.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,874.	-1,980.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	359,582.	406,049.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,379,803.	2,862,076.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,535,582.	1,591,941.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,084.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,492,637.	1,454,025.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,028,219.	3,045,966.
	19	Revenue less expenses. Subtract line 18 from line 12	351,584.	-183,890.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,842,464.	4,619,702.
	21	Total liabilities (Part X, line 26)	1,208,147.	1,169,275.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,634,317.	3,450,427.

RECEIVED
AUG 1 3 2012
OGDEN, UT
IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: Aug. 6, 2012

▶ SCOTT MIHELICH, BOARD TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
STEVE FORBES, CPA	St Fbs, CPA	7/27/12		P00012098

Firm's name ▶ LARSON GROSS P.L.L.C. — Firm's EIN ▶ 91-1663574

Firm's address ▶ 1616 CORNWALL AVENUE, SUITE 205
BELLINGHAM, WA 98225 — Phone no. (360) 734-4280

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

SCANNED AUG 3 0 2012

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: GREAT COMMANDMENTS MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 71 Dilley Rd. | Room/suite

City or town, state or country, and ZIP + 4: Tieton, WA 98947

D Employer identification number: 91-1660952

E Telephone number: (509) 673-2290

G Gross receipts $

F Name and address of principal officer: Jeff Sutton 71 Dilley Rd, Tieton, WA 98947

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.gcmacts.com

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Four month program to assist college-age young adults to discern their gifts and abilities in order to serve their communities and the world. Also, we assist and support church planting teams in Mexico and Romania.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	-0-
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,504.41
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3358.30

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	178,043	140,179.09
	9	Program service revenue (Part VIII, line 2g)	307,080	280,172.44
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14.00	1,200.44
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,940	7,804.41
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,077	429,356.38
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	-0-	-0-
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	235,386	217,056.83
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,922		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,109	331,533.88
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	469,495	548,590.71
	19	Revenue less expenses. Subtract line 18 from line 12	31,582	-119,234
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	488,423	590,349
	21	Total liabilities (Part X, line 26)	222,159	310,753
	22	Net assets or fund balances. Subtract line 21 from line 20	266,264	279,596

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Valerie Sutton — Signature of officer — Date 11/15/12

▶ Valerie Sutton Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NA				

Firm's name ▶ NA | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) NA ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2011)

SCANNED DEC 11 2012

RECEIVED NOV 19 2012 OGDEN, UT

917-19 ✓ 11

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CHRISTIAN CHURCH CONFER GRDS OF WESTERN WA INC

Doing Business As GWINWOOD CHRISTIAN CONFERENCE CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite

% DIANA PAYNE, PO BOX 4109

City or town, state or country, and ZIP + 4

SOUTH COLBY, WA 98384-0109

D Employer identification number 91-0598805

E Telephone number 360 871-4478

G Gross receipts $ 193,436

F Name and address of principal officer JAMES TREECE
PO BOX 3445, LACEY, WA 98509

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.gwinwood.org

H(c) Group exemption number ▶

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To promote Christianity through fellowship, study, worship & recreation on behalf of The Christian Church (Disciples of Christ). Declaring the Lordship of Jesus Christ, we further define the purpose of this Corp. to include the providing of facilities to church & non-profit groups of all ages, where retreats, confer's, camps, fellowship events & educational activities may be held in the encouraging atmosphere of nature's surroundings.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	N/A
b	Net unrelated business taxable income from Form 990-T, line 34	7b	N/A

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,240	10,870
	9	Program service revenue (Part VIII, line 2g)	191,375	176,544
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25	22
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,000	6,000
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,640	193,436
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	102,353	91,438
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	112,058	106,340
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	214,410	197,778
	19	Revenue less expenses. Subtract line 18 from line 12	(3,770)	(4,342)
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	640,471	609,833
	21	Total liabilities (Part X, line 26)	11,265	22,104
	22	Net assets or fund balances. Subtract line 21 from line 20	628,846	587,729

SCANNED JUN 21 2012

RECEIVED MAY 21 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Diana J. Payne — Signature of officer — Date 5-8-2012

Diana J. Payne — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2011)

P7

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HABITAT FOR HUMANITY INTERNATIONAL
EAST JEFFERSON COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 658

City or town, state or country, and ZIP + 4
PORT TOWNSEND, WA 98368

D Employer identification number
91-1885667

E Telephone number
(360) 379-2827

G Gross receipts $ 1,015,440

F Name and address of principal officer
ALLEN STANDISH
103 EDGEWOOD DR
PORT LUDLOW, WA 98365

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www habitatejc org

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION BUILDS AND REPAIRS SIMPLE, DECENT HOUSES IN PARTNERSHIP WITH PEOPLE IN NEED A CHRISTIAN HOUSING MINISTRY PARTNERING WITH PEOPLE OF ALL FAITHS OR NO FAITH TO BUILD LIVES ON THE FOUNDATION OF HOME OWNERSHIP AND MAKE SHELTER A MATTER OF CONSCIENCE AND ACTION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	165,537	327,154
	9	Program service revenue (Part VIII, line 2g)	733,102	687,832
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	767	454
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,773	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	901,179	1,015,440
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	149,272	201,991
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,379		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	856,056	1,015,553
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,005,328	1,217,544
	19	Revenue less expenses Subtract line 18 from line 12	-104,149	-202,104

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,328,387	3,835,108
	21	Total liabilities (Part X, line 26)	993,005	2,658,205
	22	Net assets or fund balances Subtract line 21 from line 20	1,335,382	1,176,903

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-14
Signature of officer | Date

ALLEN STANDISH Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
ALDRYTH O'HARA	ALDRYTH O'HARA			

Firm's name ▶ Gooding OHara & Mackey PS CPAs | Firm's EIN ▶

Firm's address ▶ 242 Taylor Street
Port Townsend, WA 98368 | Phone no ▶ (360) 385-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization HABITAT FOR HUMANITY OF EAST KING COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P.O. BOX 817 | Room/suite

City or town, state or country, and ZIP + 4 REDMOND, WA 98073-0817

D Employer identification number 91-1403659

E Telephone number 425-869-6007

G Gross receipts $3,774,907

F Name and address of principal officer TOM GRANGER, EXECUTIVE DIRECTOR

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HABITATEKC.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CONSTRUCTION OF HOUSING FOR LOW-INCOME FAMILIES

RECEIVED JUN 04 2012 OGDEN, UT IRS-OSC

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	2,450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,168,232	2,989,889
	9	Program service revenue (Part VIII, line 2g)	759,188	683,416
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,257	1,751
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,931,677	3,675,056
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	871,236	895,796
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		52,827
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 382,430		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,212,895	718,915
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,084,131	1,667,538
	19	Revenue less expenses. Subtract line 18 from line 12	847,546	2,007,518

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,948,861	21,243,019
	21	Total liabilities (Part X, line 26)	2,712,623	4,999,263
	22	Net assets or fund balances. Subtract line 21 from line 20	14,236,238	16,243,756

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 5-29-2012

▶ Tom Granger Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC G. BATEMAN, CPA	Marc G. Bateman CPA	5/25/12		P00056903

Firm's name ▶ MARC G. BATEMAN, CPA, P.S. — Firm's EIN ▶ 72-1547552

Firm's address ▶ 4211 ALDERWOOD MALL BLVD #205, LYNNWOOD, WA 98036 — Phone no 206-448-4400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EVERGREEN HABITAT FOR HUMANITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
531 E 33RD ST

City or town, state or country, and ZIP + 4
VANCOUVER, WA 98663

D Employer identification number
91-1557462

E Telephone number
(360) 737-1759

G Gross receipts $ 510,194

F Name and address of principal officer
JOSH TOWNSLEY
521 E 33RD ST
VANCOUVER, WA 98663

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EHFH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEEKING TO PUT GODS LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	332,332	439,138
	9	Program service revenue (Part VIII, line 2g)	272,905	32,305
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,798	447
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,394	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	608,429	471,890
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,665	41,686
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	86,173	129,997
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,310		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	562,331	97,610
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	678,169	269,293
	19	Revenue less expenses Subtract line 18 from line 12	-69,740	202,597

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,091,371	1,323,717
	21	Total liabilities (Part X, line 26)	45,098	74,847
	22	Net assets or fund balances Subtract line 21 from line 20	1,046,273	1,248,870

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-17
Signature of officer | Date

BRAD ERICKSON TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
JACQUELINE G DAVIS	JACQUELINE G DAVIS	2011-11-17		

Firm's name ▶ GL BOOTH JG DAVIS & ASSOCIATES PLLC | Firm's EIN ▶

Firm's address ▶ 1516 HUDSON AVE STE 201 P O BOX 14
LONGVIEW, WA 98632 | Phone no ▶ (360) 425-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

EXTENSION OF TIME TO FILE GRANTED THROUGH 5/15/2012

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
HABITAT FOR HUMANITY OF KITSAP COUNTY
C/O THOMAS MOORE, BOARD PRESIDENT

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P. O. BOX 5347

City or town, state or country, and ZIP + 4
BREMERTON, WA 98312-0516

D Employer identification number
91-1981992

E Telephone number
(360) 479-3853

G Gross receipts $ 1,467,643.

F Name and address of principal officer THOMAS MOORE
PO BOX 5347, BREMERTON, WA 98312

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ KITSAPHABITAT.ORG

H(c) Group exemption number ▶ 8545

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION PROVIDED HOME OWNERSHIP, TRAINING, FINANCIAL COUNSELING, AND FAMILY SUPPORT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	836
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	320,832.	542,628.
	9	Program service revenue (Part VIII, line 2g)	1,115,343.	924,433.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	573.	582.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-23,331.	-14,172.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,413,417.	1,453,471.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	330,944.	255,901.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,090.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,499,951.	1,133,906.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,830,895.	1,389,807.
	19	Revenue less expenses Subtract line 18 from line 12	-417,478.	63,664.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,691,037.	2,687,419.
	21	Total liabilities (Part X, line 26)	1,018,773.	997,137.
	22	Net assets or fund balances Subtract line 21 from line 20	2,672,264.	1,690,282.

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OGDEN, UT
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SCANNED JUL 1 3 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date 6/27/12
▶ THOMAS MOORE, BOARD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LARRY HURLEY, CPA	Larry Hurley, CPA	06/26/12		

Firm's name ▶ HURLEY WILLIAMS & COOK PS — Firm's EIN ▶

Firm's address ▶ 4312 KITSAP WAY, SUITE 102
BREMERTON, WA 98312 — Phone no 360-479-4611

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01/01 , 2011, and ending 12/31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Habitat for Humanity International - Lake Chelan Valley

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 332 | Room/suite

City or town, state or country, and ZIP + 4: Manson, WA 98831

D Employer identification number: 91-1604509

E Telephone number: 509-682-7088

G Gross receipts $ 451,004

F Name and address of principal officer: Vita Monteleone, PO Box 332, Manson, WA 98831

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.lakechelanvalleyhabitatforhumanity.com

H(c) Group exemption number ▶ 8545

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide affordable housing to low income families. We bring families in need together with volunteers and local resources to build decent, affordable housing. Since we started the Lake Chelan affiliate in 1993, we have constructed 14 homes in the Chelan Valley.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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NOV 21 2012
OGDEN, UT
IRS-OSC

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	247,697	245,563
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,769	245,563
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,773	122,398
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,697	61,511
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	171,470	183,909
	19	Revenue less expenses. Subtract line 18 from line 12	76,299	61,654

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,444,858	1,507,432
	21	Total liabilities (Part X, line 26)	11,283	12,203
	22	Net assets or fund balances. Subtract line 21 from line 20	1,433,575	1,495,229

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Kay L Cummings Treasurer — Signature of officer — Date 11-17-12

▶ Kay Cummings, Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rosa M Cruz		11/12/12		P00404440

Firm's name ▶ Rosa Maria Cruz CPA PLLC — Firm's EIN ▶ 27-1655209

Firm's address ▶ PO Box 1046, Chelan, WA 98816 — Phone no 509-682-8710

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

SCANNED DEC 27 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2011)

917,18 13

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

LEWISTON-CLARKSTON PARTNER IN HABITAT
FOR HUMANITY
P.O. BOX 317
CLARKSTON, WA 99403

D Employer Identification Number: 91-1510293

E Telephone number: 509-758-7396

G Gross receipts $ 707,293.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ► 8545

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: BUILD AND SELL HOMES TO ELIGIBLE FAMILIES

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	79,983.	65,567.
	9	Program service revenue (Part VIII, line 2g)	704,251.	641,385.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,990.	341.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	786,224.	707,293.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,579.	169,502.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	701,154.	523,078.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	869,733.	692,580.
	19	Revenue less expenses. Subtract line 18 from line 12	-83,509.	14,713.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	834,927.	835,406.
	21	Total liabilities (Part X, line 26)	35,692.	21,458.
	22	Net assets or fund balances Subtract line 21 from line 20	799,235.	813,948.

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OGDEN, UT
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SCANNED MAR 06 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Richard S. Goodwin — Signature of officer — Date 2/14/12

► RICHARD S. GOODWIN, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MITCHELL J. MARX		2/14/12		N/A

Firm's name ► PRESNELL GAGE, PLLC
Firm's address ► 1216 IDAHO STREET
LEWISTON, ID 83501

Firm's EIN ► N/A

Phone no (208) 746-8281

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

917 13

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1 **, 2010, and ending** June 30 **, 20** 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Habitat for Humanity of Mason County

Doing Business As

Number and street (or P.O box if mail is not delivered to street address): PO Box 1549 | Room/suite

City or town, state or country, and ZIP + 4: Shelton WA 98584

D Employer identification number 91-1686044

E Telephone number 360-426-8134

G Gross receipts $ 702,941

F Name and address of principal officer: Kelly Zoldak, PO Box 1549, Shelton, WA 98584

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.habitatmasonwa.org

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996 **M** State of legal domicile. WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Organized to build and provide affordable housing for the needy with the efforts of volunteers

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	181
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	107,725	291,001
	9	Program service revenue (Part VIII, line 2g)	181,500	90,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,994	32,482
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,624	104,852
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	376,843	518,335
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,778	25,561
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,527		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	184,102	348,247
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	213,880	373,808
	19	Revenue less expenses. Subtract line 18 from line 12	162,963	144,527

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	703,737	840,165
	21	Total liabilities (Part X, line 26)	18,029	9,928
	22	Net assets or fund balances. Subtract line 21 from line 20	685,708	830,237

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 2/3/12

▶ 2011 PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Christine Garst		01/30/12		P01513522

Firm's name ▶ Sound Nonprofit Accounting — Firm's EIN ▶ 45-3969549

Firm's address ▶ 6015 Marantha Ln SW, Olympia WA 98512 — Phone no 360-480-9067

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

SCANNED FEB 27 2012

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Habitat for Humanity - Seattle South King County

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 88337 No B

City or town, state or country, and ZIP + 4
Tukwila, WA 98138

D Employer identification number
91-1342397

E Telephone number
(206) 292-5240

G Gross receipts $ 7,240,343

F Name and address of principal officer
Martin Kooistra
PO Box 88337 No B
Tukwila, WA 98138

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www seattle-habitat org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To work with low income families and the community to build simple, decent, affordable homes

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	43
6	Total number of volunteers (estimate if necessary)	6	1,309
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,304,077	3,504,177
	9	Program service revenue (Part VIII, line 2g)	2,877,441	2,846,259
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,359	16,516
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,167	85,546
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,232,044	6,452,498
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	206,781	108,684
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,324,896	1,163,949
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	13,250
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶357,511		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,902,800	4,796,836
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,434,477	6,082,719
	19	Revenue less expenses Subtract line 18 from line 12	797,567	369,779

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,147,697	16,230,114
	21	Total liabilities (Part X, line 26)	8,394,994	8,110,755
	22	Net assets or fund balances Subtract line 21 from line 20	7,752,703	8,119,359

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-04-17
Signature of officer | Date

▶ Marsh Kellegrew CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Susan Reilly	Susan Reilly	2012-04-10		

Firm's name ▶ Watson & McDonell PLLC | Firm's EIN ▶

Firm's address ▶ 1325 - 4th Avenue Suite 1705
Seattle, WA 981012528 | Phone no ▶ (206) 624-2380

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

5498 01/10/2012 11 07 AM

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: SKAGIT HABITAT FOR HUMANITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO BOX 2565 | Room/suite

City or town, state or country, and ZIP + 4: MOUNT VERNON WA 98273-7565

D Employer identification number: 91-1628529

E Telephone number: 360-428-9402

G Gross receipts $ 647,949

F Name and address of principal officer
DEBBIE ALLEN
PO BOX 2565
MOUNT VERNON WA 98273

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SKAGITHABITAT.COM

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1994

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The Organization partners with people in need by building and renovating houses in an effort to develop decent communities in which every person can experience God's love and can grow into all God intends.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
6 Total number of volunteers (estimate if necessary)	6	134
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	216,241	110,691
9 Program service revenue (Part VIII, line 2g)	343,319	230,096
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,541	260
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,299	297,824
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747,318	638,871
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,368	14,495
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	152,183	205,685
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 359		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	635,218	401,657
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	792,769	621,837
19 Revenue less expenses Subtract line 18 from line 12	-45,451	17,034

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	941,498	951,480
21 Total liabilities (Part X, line 26)	73,150	66,098
22 Net assets or fund balances Subtract line 21 from line 20	868,348	885,382

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OGDEN, UT
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer Debra R Allen Date 1-23-12

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Steve Padgett, CPA		01/10/12		P00151785

Firm's name ▶ Padgett & Padgett, PLLC | Firm's EIN ▶ 91-2085467

Firm's address ▶ 1302 Cleveland Ave, Mount Vernon, WA 98273 | Phone no 360-424-1040

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2010)

8-17 19

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOUTH PUGET SOUND HABITAT FOR HUMANITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
415 OLYMPIA AVENUE NE

City or town, state or country, and ZIP + 4
OLYMPIA, WA 98501

D Employer identification number
91-1427020

E Telephone number
(360)956-3456

G Gross receipts $ 1,017,430

F Name and address of principal officer
DIANE BINGAMAN
415 OLYMPIA AVENUE NE
OLYMPIA, WA 98501

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW SPSHABITAT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SOUTH PUGET SOUND HABITAT FOR HUMANITY IS A LOCALLY RUN AFFILIATE OF HABITAT FOR HUMANITY INTERNATIONAL, A NONPROFIT, ECUMENICAL CHRISTIAN HOUSING ORGANIZATION WE WORK IN PARTNERSHIP WITH PEOPLE IN NEED TO BUILD AND RENOVATE DECENT, AFFORDABLE HOUSING IN THURSTON COUNTY, WASHINGTON

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	694
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	466,169	404,423
	9	Program service revenue (Part VIII, line 2g)	59,822	43,542
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217	239
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	148,751	303,265
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	674,959	751,469
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	7,634
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	267,364	336,149
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶64,689		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	62,844	182,186
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	330,208	525,969
	19	Revenue less expenses Subtract line 18 from line 12	344,751	225,500

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,434,351	1,692,477
	21	Total liabilities (Part X, line 26)	42,458	65,602
	22	Net assets or fund balances Subtract line 21 from line 20	1,391,893	1,626,875

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-10
Signature of officer | Date

▶ DIANE BINGAMAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1 **, 2010, and ending** June 30 **, 20** 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **Habitat for Humanity-Spokane**

Doing Business As

Number and street (or P O box if mail is not delivered to street address): **PO Box 4130** | Room/suite

City or town, state or country, and ZIP + 4: **Spokane, WA 99220-0130**

D Employer identification number: **94 - 3066722**

E Telephone number: **509 - 534-2552**

G Gross receipts $ **3,053,564**

F Name and address of principal officer: **Michone Preston**
Same as C

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ **8545**

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.habitat-spokane.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1987**

M State of legal domicile **WA**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **Habitat for Humanity-Spokane is an ecumenical, nonprofit Christian ministry dedicated to bringing the community together to build decent, affordable housing for all God's people in need.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	36
6	Total number of volunteers (estimate if necessary)	6	8975
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	N/A

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	732,197	902,361
	9	Program service revenue (Part VIII, line 2g)	1,406,653	1,348,312
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,142	3,120
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	395,421	173,796
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,537,413	2,427,589
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,756	35,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	467,186	448,050
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 182,601		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,954,199	1,858,764
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,425,141	2,341,814
	19	Revenue less expenses. Subtract line 18 from line 12	112,272	85,775

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,312,130	5,367,768
	21	Total liabilities (Part X, line 26)	1,352,102	1,318,954
	22	Net assets or fund balances. Subtract line 21 from line 20	3,960,028	4,048,814

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 4/13/11

▶ **Charles Adams, Treasurer**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

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RECEIVED JUN 0 3 2012 OGDEN, UT

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TACOMAPIERCE COUNTY HABITAT FOR HUMANITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4824 S TACOMA WAY

City or town, state or country, and ZIP + 4
TACOMA, WA 98409

D Employer identification number
58-1735531

E Telephone number
(253) 627-5626

G Gross receipts $ 4,729,082

F Name and address of principal officer
MAUREEN FIFE
PO BOX 7124
TACOMA, WA 98417

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TPC-HABITAT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
BUILD SIMPLE, DECENT, AFFORDABLE HOMES FOR LOW INCOME FAMILIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	3,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,970,496	1,553,844
	9	Program service revenue (Part VIII, line 2g)	3,008,101	1,373,984
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,287	112,518
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,209	127,789
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,128,093	3,168,135
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	563,824	685,147
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶228,033		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,635,291	2,414,774
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,199,115	3,099,921
	19	Revenue less expenses Subtract line 18 from line 12	-71,022	68,214

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,976,465	6,640,670
	21	Total liabilities (Part X, line 26)	6,350,801	2,126,804
	22	Net assets or fund balances Subtract line 21 from line 20	3,625,664	4,513,866

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2011-12-20
Signature of officer | Date

▶ MAUREEN FIFE CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CRAIG P CATLIN	CRAIG P CATLIN			

Firm's name ▶ JOHNSON STONE & PAGANO PS | Firm's EIN ▶

Firm's address ▶ 1501 REGENTS BLVD SUITE 100
FIRCREST, WA 98466 | Phone no ▶ (253) 566-7070

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
Habitat for Humanity International Inc.
Tri-County Partners

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
313 Wellsian Way

City or town, state or country, and ZIP + 4
Richland, WA 99352

D Employer identification number
91-1591086

E Telephone number
509-943-5555

G Gross receipts $ 1,402,178.

F Name and address of principal officer
same as C above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.habitatbuilds.com

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1994 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide affordable housing to qualifying families.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	1962
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	625,796.	421,183.
	9	Program service revenue (Part VIII, line 2g)	1,198,011.	949,242.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,397.	1,289.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,313.	1,450.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,870,517.	1,373,164.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,453.	3,920.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	265,167.	242,742.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,142.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,404,206.	1,113,918.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,771,826.	1,360,580.
	19	Revenue less expenses. Subtract line 18 from line 12	98,691.	12,584.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,275,534.	3,487,024.
	21	Total liabilities (Part X, line 26)	1,667,865.	1,824,673.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,607,669.	1,662,351.

RECEIVED MAY 14 2012 OGDEN, UT IRS-OSC

SCANNED JUN 11 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Blaine A. Carr, Board President — 5/4/12
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
David C. Hale	DC Hale, CPA	4/4/12		

Firm's name ▶ Northwest CPA Group PLLC — Firm's EIN ▶

Firm's address ▶ 1333 Columbia Park Trail, Ste 210
Richland, WA 99352 — Phone no. (509) 735-1300

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

9-17 25

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 **, 2010, and ending** 6/30 **, 2011**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Habitat For Humanity International, Inc.
Yakima Valley Partners
P.O. Box 9007
Yakima, WA 98909

D Employer Identification Number: 91-1307546

E Telephone number: (509) 453-8077

G Gross receipts $ 1,322,138.

F Name and address of principal officer: Steve Luten
P.O. Box 9007 Yakima, WA 98909

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ► 8545

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1984

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE LOW INCOME HOUSING

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-71.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-71.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	299,908.	855,181.
9	Program service revenue (Part VIII, line 2g)	395,721.	459,516.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-21,817.	7,512.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,809.	-71.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	668,003.	1,322,138.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,214.	194,834.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 19,858.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	304,809.	567,371.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	454,023.	762,205.
19	Revenue less expenses Subtract line 18 from line 12	213,980.	559,933.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	4,291,774.	5,005,801.
21	Total liabilities (Part X, line 26)	2,552,812.	2,706,906.
22	Net assets or fund balances Subtract line 21 from line 20	1,738,962.	2,298,895.

SCANNED MAR 0 9 2012

RECEIVED FEB 2 1 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Steve Luten by Bm — Signature of officer — Date 2/15/2012

► Steve Luten — Type or print name and title — Executive Direc

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
W. Bruce Moorer, JR CPA	W. Bruce Moorer Jr	2/15/2012		P00800199

Firm's name ► VILLBRANDT, STARK & MOORER, PLLC

Firm's address ► 18 S 4TH AVE
YAKIMA, WA 98902-3426

Firm's EIN ► 20-8221416

Phone no 509-575-1510

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

S-17

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C
HEALING ROOMS MINISTRIES
112 E 1ST AVE
SPOKANE, WA 99202-1573

D Employer Identification Number: 91-2011121

E Telephone number: 509 456-0517

G Gross receipts $ 989,360.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.healingroomsministries.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1999

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Our ministry team is here to serve the community and the Body of Christ while contending for all that Christ promised the church would move in. We minister a Salvation Message, the Healing Word, the Anointing that Empowers the Word, Prayer and Deliverance of the Sick and an

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	157
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	522,054.	666,321.
	9	Program service revenue (Part VIII, line 2g)	276,442.	182,683.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177.	-945.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,866.	52,036.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	844,539.	900,095.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	490,174.	426,930.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	422,668.	420,221.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	912,842.	847,151.
	19	Revenue less expenses. Subtract line 18 from line 12	-68,303.	52,944.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,296,122.	2,237,059.
	21	Total liabilities (Part X, line 26)	1,000,349.	888,342.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,295,773.	1,348,717.

RECEIVED NOV 27 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date: 10-31-12

► Calvin C. Pierce
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
WAYNE E VINSON, CPA	WAYNE E VINSON, CPA			P00072933

Firm's name ► Wayne E Vinson, CPA, PS
Firm's address ► 2132 W Northwest Blvd
Spokane, WA 99205

Firm's EIN ► 20-2072766
Phone no (509) 443-4262

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED DEC 03 2012

17

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11 Form 990 (2011)

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Helping Hands Ministries International

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
19225 Bothell-Everett Hwy SE

City or town, state or country, and ZIP + 4
Bothell, WA 98012

D Employer identification number
91-1569204

E Telephone number
(425) 327-8096

G Gross receipts $ 413,042

F Name and address of principal officer
Wayne Scott
1411 142 PL SE
Mill Creek, WA 98012

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ http //hhmi sharepoint com/Pages/default aspx

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Community-based thrift store helps provide goods and relief to local and overseas missions via Helping Hands Ministries International, an independent Christian non-profit organization

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	31,276	29,480
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	7,154
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	372,179	376,408
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	403,456	413,042
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,341	53,049
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	195,020	189,595
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	116,773	134,842
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	402,134	377,486
	19	Revenue less expenses Subtract line 18 from line 12	1,322	35,556

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,479,779	1,065,918
	21	Total liabilities (Part X, line 26)	832,605	822,535
	22	Net assets or fund balances Subtract line 21 from line 20	647,174	243,383

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

******
Signature of officer

2012-10-24
Date

Wayne Scott President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Scott C Eastham	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Eastham Foster CPAs PS 2020 El Capitan Way Suite 100 Everett, WA 98208			EIN ▶ Phone no ▶ (425) 338-1010

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493062016802

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HILLEL FOUNDATION FOR JEWISH LIFE AT THE UNIVERSITY OF WASHINGTON

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4745 17TH AVE NE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98105

D Employer identification number
91-6067231

E Telephone number
(206) 527-1997

G Gross receipts $ 1,013,952

F Name and address of principal officer
JEREMY BROCHIN
4745 17TH AVE NE
SEATTLE, WA 98105

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HILLELUW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SERVE THE CAMPUS JEWISH COMMUNITY AT THE UNIVERSITY OF WASHINGTON, SEATTLE, WASHINGTON

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,307,003	941,469
	9	Program service revenue (Part VIII, line 2g)	15,669	11,260
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,763	36,524
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,350	24,576
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,348,785	1,013,829
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	617,238	631,421
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶171,723		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	639,982	588,515
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,257,220	1,219,936
	19	Revenue less expenses Subtract line 18 from line 12	91,565	-206,107

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,856,510	10,714,607
	21	Total liabilities (Part X, line 26)	62,870	36,096
	22	Net assets or fund balances Subtract line 21 from line 20	10,793,640	10,678,511

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-03-02
Signature of officer | Date

▶ RABBI OREN HAYON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
STEVE BASS	STEVE BASS	2012-03-02		

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶

Firm's address ▶ 3000 NORTHUP WAY SUITE 200
BELLEVUE, WA 980041446 | Phone no ▶ (425) 250-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493258007462

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 11-01-2010 and ending 10-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOLDEN VILLAGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
HC0 BOX 2

City or town, state or country, and ZIP + 4
CHELAN, WA 98816

D Employer identification number
91-6018658

E Telephone number
(509)699-2404

G Gross receipts $ 2,703,232

F Name and address of principal officer
MARK MANTEI
HC0 BOX 2
CHELAN, WA 98816

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOLDENVILLAGE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE ECUMENICAL RETREAT CENTER

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	91
6	Total number of volunteers (estimate if necessary)	6	990
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	724,873
b	Net unrelated business taxable income from Form 990-T, line 34	7b	235,754

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	511,838	451,656
	9	Program service revenue (Part VIII, line 2g)	1,314,488	1,223,411
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,981	63,607
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,345	831,132
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,068,652	2,569,806
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	820,385	935,148
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶43,895		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,231,631	1,372,812
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,052,016	2,307,960
	19	Revenue less expenses Subtract line 18 from line 12	16,636	261,846

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,247,136	6,870,624
	21	Total liabilities (Part X, line 26)	41,610	157,527
	22	Net assets or fund balances Subtract line 21 from line 20	6,205,526	6,713,097

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-12
Signature of officer | Date

MARK MANTEI BOARD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
HOWARD DONKINCPA	HOWARD DONKINCPA	2012-09-04		

Firm's name ▶ JACOBSON JARVIS & CO PLLC | Firm's EIN ▶

Firm's address ▶ 600 STEWART STREET SUITE 1900
SEATTLE, WA 981011219 | Phone no ▶ (206) 628-8990

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136048992

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH FAMILY SERVICE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1601 16TH AVENUE

City or town, state or country, and ZIP + 4
SEATTLE, WA 981224000

D Employer identification number
91-0565537

E Telephone number
(206)461-3240

G Gross receipts $ 15,177,995

F Name and address of principal officer
KEN WEINBERG
1601 16TH AVENUE
SEATTLE, WA 981224000

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www jfsseattle org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1892

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
We deliver essential human services to alleviate suffering,sustain healthy relationships and support people in times of need

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	221
6	Total number of volunteers (estimate if necessary)	6	1,600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,360,323	5,642,643
	9	Program service revenue (Part VIII, line 2g)	3,019,734	2,896,524
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311,121	697,057
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-107,028	-95,601
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,584,150	9,140,623
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	717,955	852,595
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,363,481	5,596,114
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶855,833		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,602,733	1,628,258
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,684,169	8,076,967
	19	Revenue less expenses Subtract line 18 from line 12	899,981	1,063,656

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	25,258,021	29,661,995
	21	Total liabilities (Part X, line 26)	654,813	3,469,049
	22	Net assets or fund balances Subtract line 21 from line 20	24,603,208	26,192,946

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-15
Signature of officer | Date

MARIE NORTH DIRECTOR OF FINANCE/CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132018072

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH FEDERATION OF GREATER SEATTLE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2031 THIRD AVENUE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98121

D Employer identification number
91-0575950

E Telephone number
(206)443-5400

G Gross receipts $ 11,279,879

F Name and address of principal officer
RICHARD M FRUCHTER
2031 THIRD AVENUE
SEATTLE,WA 98121

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JEWISHINSEATTLE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ENSURE A VIBRANT JEWISH COMMUNITY THAT IS CONNECTED LOCALLY, IN ISRAEL AND WORLDWIDE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	57
6	Total number of volunteers (estimate if necessary)	6	220
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	179,976
b	Net unrelated business taxable income from Form 990-T, line 34	7b	156,821

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,271,594	6,405,702
	9	Program service revenue (Part VIII, line 2g)	251,502	590,326
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	437,014	1,226,861
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181,946	129,020
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,142,056	8,351,909
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,240,779	3,972,610
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,452,992	2,281,834
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	21,003	15,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,012,259		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,390,633	1,490,529
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,105,407	7,759,973
	19	Revenue less expenses Subtract line 18 from line 12	-963,351	591,936

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,127,684	46,543,228
	21	Total liabilities (Part X, line 26)	5,771,305	6,772,823
	22	Net assets or fund balances Subtract line 21 from line 20	35,356,379	39,770,405

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-10
Signature of officer | Date

▶ RICHARD M FRUCHTER CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
JANE M SEARING	JANE M SEARING	2012-05-09		

Firm's name ▶ CLARK NUBER PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493263005282

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JOSEPHINE SUNSET HOME

Doing Business As
JOSEPHINE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9901 272ND PLACE NW

City or town, state or country, and ZIP + 4
STANWOOD, WA 98292

D Employer identification number
91-0570870

E Telephone number
(360) 629-2126

G Gross receipts $ 19,379,066

F Name and address of principal officer
TERRY ROBERTSON
9901 272ND PLACE NW
STANWOOD, WA 98292

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JOSEPHINENET COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1925

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
A SOCIAL SERVICE MINISTRY OF THE ELCA PROVIDING SUBACUTE REHABILITATION, SKILLED NURSING CARE, ASSISTED LIVING, CHILDCARE AND EARLY LEARNING SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	366
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	322,043	317,853
	9	Program service revenue (Part VIII, line 2g)	14,973,059	16,493,738
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,607	23,458
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-637	5,672
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,347,072	16,840,721
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,500	14,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,325,941	10,047,785
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶30,233		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,977,424	5,511,408
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,315,865	15,573,193
	19	Revenue less expenses Subtract line 18 from line 12	1,031,207	1,267,528

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,640,744	15,614,518
	21	Total liabilities (Part X, line 26)	7,379,467	7,094,725
	22	Net assets or fund balances Subtract line 21 from line 20	7,261,277	8,519,793

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-17
Signature of officer | Date

TERRY ROBERTSON CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NANCY J SCHAUER	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01326437
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MOSS ADAMS LLP, 1301 A STREET SUITE 600, TACOMA, WA 984024205			EIN ▶ 91-0189318
			Phone no ▶ (253) 572-4100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

2525 10/25/2012 1 48 PM

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: KEYMEDIA - MN NORTH AMERICA INC

Doing Business As: KEYMEDIA

Number and street (or P O box if mail is not delivered to street address): 109 GAINSBOROUGH SQUARE SUITE G — Room/suite: 232

City or town, state or country, and ZIP + 4: CHESAPEAKE VA 23320-1757

D Employer identification number: 87-0813804

E Telephone number: 206-973-3235

G Gross receipts $ 1,547,080

F Name and address of principal officer: E YOUNES, VA

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ N/A

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2007

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The Organization's mission is to spread the Gospel of Jesus Christ.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	1,253,921	1,492,461
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,756	2,259
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-749	52,360
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,254,928	1,547,080
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,960	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	430,965	586,752
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,204		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	743,600	976,232
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,179,525	1,562,984
19 Revenue less expenses Subtract line 18 from line 12	75,403	-15,904
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	302,701	330,032
21 Total liabilities (Part X, line 26)	64,886	108,121
22 Net assets or fund balances Subtract line 21 from line 20	237,815	221,911

RECEIVED NOV 1 9 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 10/25/2012

E Younes Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
A. RICHARD BRITT, CPA		10/25/12		P00331342

Firm's name ▶ BRITT & PEAK, P.C. — Firm's EIN ▶

Firm's address ▶ P.O. BOX 536 FRANKLIN, VA 23851 — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

CARRIED DEC 04 2012

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

FTF 17,000

0917

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LAZY F METHODIST CAMP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
16170 MANASTASH RD

City or town, state or country, and ZIP + 4
ELLENSBURG, WA 98926

D Employer identification number
91-0751121

E Telephone number
(206) 870-6820

G Gross receipts $ 558,336

F Name and address of principal officer
ALAN ROGSTAD
PO BOX 13650
DES MOINES, WA 98198

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ LAZYFCAMP ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SANCTUARY OF HOSPITALITY, RENEWAL, AND LEARNING WITHIN GOD'S NATURAL WORLD THAT CELEBRATES DIVERSITY, INSPIRES LOVE AND SERVICE, AND FULFILLS THE ORGANIZATION'S SPECIAL PARTNERSHIP WITH LOCAL CHURCHES IN THE DEVELOPMENT OF CHRISTIAN DISCIPLES AND SPIRITUAL LEADERS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,911
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	582,883	558,336
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,883	558,336
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	219,890	239,520
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,677	290,563
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	465,567	530,083
	19	Revenue less expenses Subtract line 18 from line 12	117,316	28,253

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	422,039	450,292
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	422,039	450,292

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-17
Signature of officer | Date

MARTHA A LINDLEY CPA EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARTHA A LINDLEY CPA	Date	Check if self-employed ▶ ☑	Preparer's taxpayer identification number (see instructions) P00961494
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LINDLEY AND COMPANY LLC 2033 SIXTH AVENUE STE 1010 SEATTLE, WA 98121			EIN ▶ 91-2050235 Phone no ▶ (206) 332-0386

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493063002392

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Lutheran Community Services Northwest

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4040 South 188TH Street No 300

City or town, state or country, and ZIP + 4
SeaTac, WA 98188

D Employer identification number
93-0386860

E Telephone number
(206) 816-3212

G Gross receipts $ 26,041,719

F Name and address of principal officer
Roberta Nestaas
4040 South 188TH Street No 300
SeaTac, WA 98188

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www lcsnw org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1926 | **M** State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
LCSNW partners with individuals, families and communities for health, justice and hope

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	765
6	Total number of volunteers (estimate if necessary)	6	4,129
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	54,747
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-94,413

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,310,864	21,136,272
	9	Program service revenue (Part VIII, line 2g)	3,481,351	3,849,318
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,706	150,615
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-43,040	-87,605
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,819,881	25,048,600
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,992,125	2,044,578
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,856,374	17,666,821
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶646,669		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,502,025	5,427,695
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,350,524	25,139,094
	19	Revenue less expenses Subtract line 18 from line 12	469,357	-90,494

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20,426,443	20,620,086
	21	Total liabilities (Part X, line 26)	11,482,320	11,610,441
	22	Net assets or fund balances Subtract line 21 from line 20	8,944,123	9,009,645

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-03
Signature of officer | Date

KAY REED Vice President of Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Sara Elizabeth J Hyre	Sara Elizabeth J Hyre			

Firm's name ▶ Clark Nuber PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4th Street Suite 1700
Bellevue, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: LUTHERAN COUNSELING NETWORK
Doing Business As: LUTHERAN COUNSELING NETWORK
Number and street (or P O box if mail is not delivered to street address): 4127 S 225TH PL
Room/suite:
City or town, state or country, and ZIP + 4: KENT, WA 98032

D Employer identification number: 91-1155777
E Telephone number: 425-271-9711
G Gross receipts $ 795,782

F Name and address of principal officer: KAREN KLEMETSON-ADDRESS ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.lutherancounseling.net

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1981
M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES FAMILY AND INTERPERSONAL RELATIONS COUNSELING TO PERSONS OF ALL FAITHS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	65,437	71,488
	9	Program service revenue (Part VIII, line 2g)	603,944	724,024
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25	270
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	669,406	795,782
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	490,182	604,125
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,266	184,533
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	664,448	788,658
	19	Revenue less expenses. Subtract line 18 from line 12	4,958	7,124
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	75,836	82,960
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	75,836	82,960

RECEIVED JUN 08 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Karen A Klemetson — Date 4/27/12
Signature of officer
▶ Karen A Klemetson bookkeeper
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
MARY KLEMETSON	Mary Klemetson	4-27-12		P00095935

Firm's name ▶ MARY KLEMETSON, EA — Firm's EIN ▶
Firm's address ▶ PO BOX 13250, DES MOINES, WA 98198 — Phone no 253/395-0699

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2011)

SCANNED JUN 05 2012

R1

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
The Lutheran Retirement Home of Greater Seattle

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6720 East Green Lake Way North

City or town, state or country, and ZIP + 4
Seattle, WA 98103

D Employer identification number
91-0743702

E Telephone number
(206) 525-9666

G Gross receipts $ 14,454,647

F Name and address of principal officer
MARY LOU STUENZI

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 9386

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HEARTHSTONE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE HEARTHSTONE IS A CONTINUING CARE RETIREMENT COMMUNITY DEDICATED TO ADULTS AGE 62 PLUS, PROMOTING INDEPENDENCE, OPTIMUM HEALTH, SECURITY, PURPOSE AND BELONGING IN LIFE, THROUGH CHRISTIAN LOVE AND VALUES IN A CARING ENVIRONMENT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	251
6	Total number of volunteers (estimate if necessary)	6	48
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	213,827	417,589
	9	Program service revenue (Part VIII, line 2g)	12,881,009	13,624,095
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,067	327,919
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,923	85,044
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,355,826	14,454,647
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	283	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,518,600	8,530,144
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶135,281		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,764,432	5,477,875
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,283,315	14,008,019
	19	Revenue less expenses Subtract line 18 from line 12	1,072,511	446,628

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	34,303,207	34,578,418
	21	Total liabilities (Part X, line 26)	22,737,686	22,956,359
	22	Net assets or fund balances Subtract line 21 from line 20	11,565,521	11,622,059

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-11-08
Signature of officer | Date

▶ David Hamilton CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Cynthia J Heuberger	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Hansen Hunter & Co PC, 8930 SW Gemini Drive, Beaverton, OR 97008			EIN ▶
			Phone no ▶ (503) 244-2134

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493304010132

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Martha & Mary Health Services

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 127

City or town, state or country, and ZIP + 4
Poulsbo, WA 983700127

D Employer identification number
94-3229627

E Telephone number
(360) 779-7500

G Gross receipts $ 15,095,041

F Name and address of principal officer
Chad Solvie
PO BOX 127
Poulsbo, WA 983700127

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 4103

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www marthaandmary org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Martha and Mary Health Services is a 190-bed skilled nursing facility offering short-stay rehabilitation, long term care including memory and end-of-life care and respite care, all under one roof Our mission places great emphasis on honoring and serving each person wholly and individually Our spiritual, intergenerational, horticulture, music and pet therapy programs offer our residents important psychosocial opportunities

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	437
6	Total number of volunteers (estimate if necessary)	6	99
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	15,849,820	14,805,737
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,251	160
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,142	235,149
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,932,711	15,041,046
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,535,742	10,567,258
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,242,379	6,205,839
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,778,121	16,773,097
	19	Revenue less expenses Subtract line 18 from line 12	154,590	-1,732,051

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,131,635	12,236,054
	21	Total liabilities (Part X, line 26)	16,209,287	15,988,639
	22	Net assets or fund balances Subtract line 21 from line 20	-2,077,652	-3,752,585

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

******
Signature of officer

2012-10-17
Date

Chad Solvie CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jane M Seaning	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00000565
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clark Nuber PS, 10900 NE 4th Street Suite 1700, Bellevue, WA 98004			EIN ▶ 91-1194016
			Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493304001252

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Martha and Mary Home and Community Services

Doing Business As
Martha and Mary at Home

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 127

City or town, state or country, and ZIP + 4
Poulsbo, WA 983700127

D Employer identification number
91-1293400

E Telephone number
(360) 779-7500

G Gross receipts $ 1,834,322

F Name and address of principal officer
Chad Solvie
PO Box 127
Poulsbo, WA 983700127

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 4103

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www marthandmary org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Martha and Mary Home and Community Services provides quality, compassionate in-home and community-based services for seniors and families regardless of faith, ethnicity or economic status We do this in a Christian manner by offering those we serve an opportunity to live their lives with dignity, honor, and individuality

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	147
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	394,074	1,832,890
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	3
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,429
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	394,075	1,834,322
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	468,781	1,573,966
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	137,613	276,470
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	606,394	1,850,436
	19	Revenue less expenses Subtract line 18 from line 12	-212,319	-16,114

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	852,100	881,472
	21	Total liabilities (Part X, line 26)	601,778	646,954
	22	Net assets or fund balances Subtract line 21 from line 20	250,322	234,518

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-10-18

▶ Chad Solvie CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jane M Searing | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00000565

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clark Nuber PS
10900 NE 4TH Street Suite 1700
Bellevue, WA 98004

EIN ▶ 91-1194016

Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320067502

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MORNING STAR BOYS RANCH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 8087

City or town, state or country, and ZIP + 4
SPOKANE, WA 99203

D Employer identification number
91-0664709

E Telephone number
(509)448-1411

G Gross receipts $ 1,640,478

F Name and address of principal officer
DENNIS PENNA
PO BOX 8087
SPOKANE, WA 99203

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MORNINGSTARBOYSRANCH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1956

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PURPOSE IS TO ACQUIRE, CONSTRUCT, AND MAINTAIN REAL ESTATE, BUILDINGS, AND FACILITIES FOR A HOME AND TRAINING SCHOOL FOR WAYWARD, DELINQUENT, OR DEPENDENT BOYS THE ORGANIZATION ALSO PROVIDES REHABILITATION, EDUCATION AND GENERAL TRAINING, MEDICAL, PSYCHIATRIC, SPIRITUAL AND OTHER CARE, AND TREATMENT TO ENCOURAGE THE DEVELOPMENT OF SUCH BOYS INTO GOOD CITIZENS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,863,819	1,082,734
	9	Program service revenue (Part VIII, line 2g)	360,908	457,226
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	404	-2,554
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,079	100,018
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,264,210	1,637,424
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,196,421	1,295,233
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	824,066	526,876
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,020,487	1,822,109
	19	Revenue less expenses Subtract line 18 from line 12	243,723	-184,685

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	834,794	658,389
	21	Total liabilities (Part X, line 26)	106,275	114,555
	22	Net assets or fund balances Subtract line 21 from line 20	728,519	543,834

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-11-15

▶ DENNIS PENNA BOARD PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HARLEY B RECKORD	Date 2012-11-14	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00060217
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP, 601 WEST RIVERSIDE SUITE 700, SPOKANE, WA 992010622			EIN ▶ 41-0746749
			Phone no ▶ (509) 363-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493207007022

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MY CATHOLIC FAITH MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 24886

City or town, state or country, and ZIP + 4
Federal Way, WA 98093

D Employer identification number
91-2038187

E Telephone number
(253) 835-5013

G Gross receipts $ 377,918

F Name and address of principal officer
Lorraine E Georgeson
5333 Orca Dr NE
Tacoma, WA 98422

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www mycatholicfaith org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The primary purpose of My Catholic Faith Ministries is to engage in activities that foster the Catholic faith formation of people in all walks of life and in communities locally, nationally and internationally

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	207
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	218,121	222,683
	9	Program service revenue (Part VIII, line 2g)	35,558	30,771
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	509	-545
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,692	92,861
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,880	345,770
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	263,452	249,856
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶48,344		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,242	75,571
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	339,694	325,427
	19	Revenue less expenses Subtract line 18 from line 12	-2,814	20,343

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	78,600	88,377
	21	Total liabilities (Part X, line 26)	18,590	8,024
	22	Net assets or fund balances Subtract line 21 from line 20	60,010	80,353

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-06-30

▶ Lori Georgeson Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136049972

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW HORIZONS MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 2801

City or town, state or country, and ZIP + 4
SEATTLE, WA 981112801

D Employer identification number
91-1250114

E Telephone number
(206) 374-0866

G Gross receipts $ 1,136,622

F Name and address of principal officer
MARY STEELE
PO BOX 2801
SEATTLE, WA 981112801

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NHMIN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUTREACH MINISTRY TO HOMELESS YOUTH

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	404
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,504,270	1,117,926
	9	Program service revenue (Part VIII, line 2g)	7,982	7,143
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,531	6,753
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,640	3,507
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,523,423	1,135,329
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		135,212
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	913,543	724,452
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶156,730		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	384,483	244,332
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,298,026	1,103,996
	19	Revenue less expenses Subtract line 18 from line 12	225,397	31,333

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,933,644	1,942,652
	21	Total liabilities (Part X, line 26)	583,047	560,722
	22	Net assets or fund balances Subtract line 21 from line 20	1,350,597	1,381,930

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-15
Signature of officer | Date

MARY STEELE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
SHERRILYN T OWZARSKI	SHERRILYN T OWZARSKI	2012-05-15		

Firm's name ▶ SHANNON & ASSOCIATES LLP | Firm's EIN ▶

Firm's address ▶ 1851 CENTRAL PLACE SOUTH SUITE 225
KENT, WA 980307507 | Phone no ▶ (253) 852-8500

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319030292

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHWEST CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 80827

City or town, state or country, and ZIP + 4
SEATTLE, WA 981080827

D Employer identification number
91-0786790

E Telephone number
(206) 285-9140

G Gross receipts $ 38,581,308

F Name and address of principal officer
TOM EVERILL
PO BOX 80827
SEATTLE, WA 981080827

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NWCENTER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1966

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF NORTHWEST CENTER IS TO PROVIDE EDUCATIONAL, VOCATIONAL, AND EMPLOYMENT OPPORTUNITITIES FOR PERSONS WITH DISABILITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,294
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,264,107
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,646,600	7,207,478
	9	Program service revenue (Part VIII, line 2g)	27,765,461	31,090,387
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-860	-33,800
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,865	137,679
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,573,066	38,401,744
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,799,990	23,052,609
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,148,558	14,487,058
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,948,548	37,539,667
	19	Revenue less expenses Subtract line 18 from line 12	624,518	862,077

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,557,745	19,115,367
	21	Total liabilities (Part X, line 26)	10,159,728	9,181,459
	22	Net assets or fund balances Subtract line 21 from line 20	9,398,017	9,933,908

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-09
Signature of officer | Date

JAMES WOOD CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ PAUL D KELLER	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00179519
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MOSS ADAMS LLP 975 OAK STREET SUITE 500 EUGENE, OR 97401			EIN ▶ 91-0189318 Phone no ▶ (541) 686-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493180003092

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Olympia Union Gospel Mission

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 7668

City or town, state or country, and ZIP + 4
Olympia, WA 985077668

D Employer identification number
91-1680748

E Telephone number
(360)709-9725

G Gross receipts $ 1,336,113

F Name and address of principal officer
Loren Steffen
PO Box 7668
Olympia, WA 985077668

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ougm org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Rescue Mission

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,138,479	1,172,077
	9	Program service revenue (Part VIII, line 2g)	93,549	90,639
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,221	5,155
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,756	38,519
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,269,005	1,306,390
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	172,848	174,777
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	465,369	454,470
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶159,551		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	445,228	510,479
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,083,445	1,139,726
	19	Revenue less expenses Subtract line 18 from line 12	185,560	166,664

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,952,400	2,321,032
	21	Total liabilities (Part X, line 26)	7,794	209,762
	22	Net assets or fund balances Subtract line 21 from line 20	1,944,606	2,111,270

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-06-25
Signature of officer | Date

Loren Steffen Exec Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Todd Roan	Todd Roan			

Firm's name ▶ Battershell & Nichols PS | Firm's EIN ▶

Firm's address ▶ 33507 9th Ave S Ste C-1
Federal Way, WA 98003 | Phone no ▶ (253) 839-1620

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/1/2010 **, and ending** 9/30/2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: OPEN HOUSE MINISTRIES
Doing Business As: OPEN HOUSE MINISTRIES
Number and street (or P O box if mail is not delivered to street address): PO BOX 242 | Room/suite:
City or town, state or country, and ZIP + 4: VANCOUVER WA 98666-0242

D Employer identification number: 94-3028685
E Telephone number: (360) 737-0300
G Gross receipts $ 979,474

F Name and address of principal officer: DAVID WILDE PO BOX 242, VANCOUVER, WA 98666-0242

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www sheltered org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1986 | M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OPEN HOUSE MINISTRIES WAS ESTABLISHED T PROVIDE SHELTER AND RELATED SUPPORT SERVICES TO HOMELESS FAMILIES IN VANCOUVER WASHINGTON. THE SUPPORT SERVICES INCLUDE CASE MANAGEMENT, COUNSELING, MEDICAL ATTENTION, FOOD, CLOTHING AND JOB SEARCH.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,008,169	945,082
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,603	561
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	98
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,026,772	945,741
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	250,892	191,131
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	487,560	414,857
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,411		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	466,840	405,498
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,205,292	1,011,486
	19	Revenue less expenses. Subtract line 18 from line 12	-178,520	-65,745

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,257,502	2,203,529
	21	Total liabilities (Part X, line 26)	4,476	15,519
	22	Net assets or fund balances. Subtract line 21 from line 20	2,253,026	2,188,010

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 3-5-12

▶ WAYNE GARLINGTON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DOUGLAS HYLAND		3/1/2012		

Firm's name ▶ DOUGLAS B HYLAND PC CPA | Firm's EIN ▶
Firm's address ▶ PO BOX 23188, TIGARD, OR 97281-3188 | Phone no (503) 524-7628

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990** (2010)

5-17

20

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01 **, 2010, and ending** 06/30 **, 20** 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Peace Community Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2106 S Cushman Ave | Room/suite

City or town, state or country, and ZIP + 4: Tacoma, WA 98405

D Employer identification number: 91-1746986

E Telephone number: 253-383-0702

G Gross receipts $ 1,160,355

F Name and address of principal officer: Craig Cogger, 2106 S Cushman Ave, Tacoma, WA 98405

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.peacetacoma.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Peace Community Center is a place of community, committed to the empowerment of children and young adults The Center provides the skills and support needed for each to reach their God-given potential.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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OGDEN, UT
IRS-OSC

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	442,612	1,102,465
	9	Program service revenue (Part VIII, line 2g)	0	53,302
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,313	4,588
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,052	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	455,977	1,160,355
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	350
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	219,151	363,193
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	43,429	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,396		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	118,785	293,452
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	381,365	656,995
	19	Revenue less expenses Subtract line 18 from line 12	74,612	503,360
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	533,436	1,033,625
	21	Total liabilities (Part X, line 26)	118,270	115,099
	22	Net assets or fund balances. Subtract line 21 from line 20	415,166	918,526

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Craig Cogger — Signature of officer — Date: March 28, 2012

▶ Craig Cogger, President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Alan Strand		3-28-12		P01316247

Firm's name ▶ Strand & Associates — Firm's EIN ▶ 36-4648966

Firm's address ▶ PO Box 442, Tacoma, WA 98401 — Phone no 253-973-2217

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

SCANNED APR 3 0 2012

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Peak 7 Adventures

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6710 N Pittsburg St

City or town, state or country, and ZIP + 4
Spokane, WA 99217

D Employer identification number
20-4723348

E Telephone number
(509) 467-5550

G Gross receipts $ 752,192

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www peak7 org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2006

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Peak 7 exists to provide a first-rate outdoor adventure experience that engages youth spiritually, physically, mentally and emotionally to help them realize a greater potential Serve youth We provide opportunities to participate in programs regardless of race, gender, religion, ethnicity or socio-economic status Challenge participantsWe provide programs which enable participants to overcome their perceived limits Ensure safetyWe are committed to following and enforcing rigorous safety standards Inspire hope & reveal the Creator "I lift up my eyes to the mountain, where does my help come from? My help comes from the Lord, the maker of heaven and earth " Psalm 121 1-2

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	322,374	641,390
	9	Program service revenue (Part VIII, line 2g)	57,905	107,363
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,901	3,439
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,858	-11,464
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,322	740,728
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	143,704	175,419
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶44,872		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,107	265,685
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	291,811	441,104
	19	Revenue less expenses Subtract line 18 from line 12	86,511	299,624

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	499,768	790,689
	21	Total liabilities (Part X, line 26)	12,640	3,937
	22	Net assets or fund balances Subtract line 21 from line 20	487,128	786,752

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-15
Signature of officer | Date

Ryan M Kernigan Executive Direc
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Brady T Hatfield CPA			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JORDAN HATFIELD LLC
25 SOUTH BLAKE RD
SPOKANE VALLEY, WA 99216

EIN ▶

Phone no ▶ (509) 927-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493249002272

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Prisoners for Christ Outreach Ministries

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 1530

City or town, state or country, and ZIP + 4
Woodinville, WA 98072

D Employer identification number
94-3104375

E Telephone number
(425)483-4151

G Gross receipts $ 651,847

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www pfcom org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1989

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To fulfill the command of Jesus Christ to "Remember those who are in prison as if you were their fellow prisoners "

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	1,079
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	699,681	651,832
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12	15
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	699,693	651,847
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,054	28,929
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	374,391	396,850
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶30,376		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	249,413	278,726
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	656,858	704,505
	19	Revenue less expenses Subtract line 18 from line 12	42,835	-52,658

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	208,476	161,073
	21	Total liabilities (Part X, line 26)	72,242	77,497
	22	Net assets or fund balances Subtract line 21 from line 20	136,234	83,576

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-09-05

▶ Greg Von Tobel President & CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ R Tucker Cole | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ R TUCKER COLE PS CPA
8201 164TH AVE NE STE 241
REDMOND, WA 980527604

EIN ▶

Phone no ▶ (425) 882-0106

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01/10 , and ending 09/30/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Pro Athletes Outreach

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 801 | Room/suite

City or town, state or country, and ZIP + 4: Palo Alto CA 94302

D Employer identification number: 23-7400293

E Telephone number: 650-206-2962

G Gross receipts$ 1,974,356

F Name and address of principal officer
Steve Stenstrom
PO Box 801
Palo Alto CA 94302

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.pao.org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1974

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Conduct Christ-centered programs and conferences to equip professional athletes, coaches and their families to make a positive impact in the world for Jesus Christ.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	73
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	70
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	951,755	1,533,167
9 Program service revenue (Part VIII, line 2g)	205,169	427,975
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,274	13,214
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,155,650	1,974,356
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,942	736,198
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 203,833		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,111,468	1,556,188
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,656,410	2,292,386
19 Revenue less expenses Subtract line 18 from line 12	-500,760	-318,030
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	554,901	238,100
21 Total liabilities (Part X, line 26)	62,301	72,629
22 Net assets or fund balances Subtract line 21 from line 20	492,600	165,471

RECEIVED MAY 1 4 2012 IRS-OSC OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 05/08/2012

STEVE STENSTROM PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Deborah Daly	Deborah Daly	04/18/12		P00441755

Firm's name ▶ Deborah Daly CPA — Firm's EIN ▶

Firm's address ▶ 1592 Ramblewood Way, Pleasanton, CA 94566 — Phone no 925-426-1996

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2010)

SCANNED JUN 12 2012

921 4

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C
PROJECT PATCH
2404 E MILL PLAIN BLVD., SUITE A
VANCOUVER, WA 98661

D Employer Identification Number: 93-0929618

E Telephone number: 360-690-8495

G Gross receipts $ 2,551,429.

F Name and address of principal officer: CHUCK HAGELE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.PROJECTPATCH.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1996

M State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IT IS OUR VISION TO BE THE RECOGNIZED LEADER IN PROVIDING SPECIALIZED SERVICES TO ADOLESCENTS IN CRISIS AND FAMILIES FACING CHALLENGES, WITH EXCELLENCE IN TEAMWORK, RELATIONSHIPS AND PERFORMANCE.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	69
6	Total number of volunteers (estimate if necessary)	6	33
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,316.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	545.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,787,813.
	9	Program service revenue (Part VIII, line 2g)		671,576.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,908.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,555.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,517,036.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,859,677.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 182,552.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		830,391.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,690,068.
	19	Revenue less expenses. Subtract line 18 from line 12		-173,032.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,165,929.	5,307,106.
	21	Total liabilities (Part X, line 26)	669,245.	983,454.
	22	Net assets or fund balances Subtract line 21 from line 20	4,496,684.	4,323,652.

RECEIVED AUG 15 2012 IRS-OSC OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 8-13-2012

► CHUCK HAGELE EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
MICHAEL NICHOLS, CPA	MICHAEL NICHOLS, CPA	8-13-2012		P00020840

Firm's name ► MICHAEL NICHOLS, CPA
Firm's address ► PO BOX 839
MULINO, OR 97042-0839
Firm's EIN ►
Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED AUG 28 2012

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 08/18/11 Form **990** (2011)

V7 13

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318049032

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PUGET SOUND CHRISTIAN CLINIC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2150 N 122ND ST

City or town, state or country, and ZIP + 4
SEATTLE, WA 98133

D Employer identification number
33-1052418

E Telephone number
(206) 363-4105

G Gross receipts $ 403,681

F Name and address of principal officer
DIANE STEWARD
2150 N 122ND ST
SEATTLE, WA 98133

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PSCHRISTIANCLINIC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
MEDICAL AND DENTAL SERVICES FOR UNDERINSURED/UNINSURED RESIDENTS OF PUGET SOUND REGION OF WESTERN WASHINGTON

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	170
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	359,786	395,578
	9	Program service revenue (Part VIII, line 2g)	3,849	7,904
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378	199
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,706	-13,313
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	357,307	390,368
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	135,627	286,999
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶77,728		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,925	142,458
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	251,552	429,457
	19	Revenue less expenses Subtract line 18 from line 12	105,755	-39,089

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	265,019	231,403
	21	Total liabilities (Part X, line 26)	15,101	20,574
	22	Net assets or fund balances Subtract line 21 from line 20	249,918	210,829

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-13
Signature of officer | Date

F N HAMILTON TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SHARON I VIK	Date 2012-11-13	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SHARON VIK CPA PS 30680 STATE HIGHWAY 3 NE POULSBO, WA 983709372			EIN ▶ Phone no ▶ (360) 697-4875

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137012712

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RAINBOW LODGE RETREAT CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 963

City or town, state or country, and ZIP + 4
NORTH BEND, WA 98045

D Employer identification number
91-1013034

E Telephone number

G Gross receipts $ 398,799

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW RAINBOWLODGE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
RETREAT CENTER USED FOR THE PURPOSE OF EDUCATIONAL CHARITABLE RELIGIOUS AND SCIENTIFIC EDUCATION ALSO TO PROVIDE SPACE FOR PERSONAL AND RELIGIOUS RETREATS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,126	895
	9	Program service revenue (Part VIII, line 2g)	349,184	394,005
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,457	3,899
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	353,767	398,799
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199,628	204,429
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	142,886	150,726
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	342,514	355,155
	19	Revenue less expenses Subtract line 18 from line 12	11,253	43,644

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,651,307	1,695,497
	21	Total liabilities (Part X, line 26)	1,688	2,234
	22	Net assets or fund balances Subtract line 21 from line 20	1,649,619	1,693,263

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

******
Signature of officer

2012-05-14
Date

ALICE HENDRICKSON EXECUTIVE DIREC
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NANCY CAMPBELL	Date 2012-05-16	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Tate and Oellrich Inc PS 425 Rainier Blvd N Issaquah, WA 980272817			EIN ▶ Phone no ▶ (425) 392-5650

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
THE RESCUE MISSION (FORMERLY KNOWN AS TACOMA RESCUE MISSION)

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 1912

City or town, state or country, and ZIP + 4
TACOMA, WA 98401

D Employer identification number
91-0565014

E Telephone number
(253) 383-4493

G Gross receipts $ 5,710,133.

F Name and address of principal officer DAVID CURRY
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.RESCUE-MISSION.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1939 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION SHARES THEIR CHRISTIAN FAITH WITH THE HOMELESS AND LOW-INCOME OF THE COMMUNITY BY

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	82
6	Total number of volunteers (estimate if necessary)	6	7319
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,295,154.	4,847,206.
	9	Program service revenue (Part VIII, line 2g)	121,933.	501,391.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,847.	4,129.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	525,086.	337,630.
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,958,020.	5,690,356.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,740.	31,919.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	2,753,581.	2,626,934.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 402,705.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,293,465.	2,795,159.
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	5,077,786.	5,454,012.
	19	Revenue less expenses Subtract line 18 from line 12	880,234.	236,344.
			Beginning of Current Year	**End of Year**
Net Assets or Fund balances	20	Total assets (Part X, line 16)	20,525,188.	20,882,950.
	21	Total liabilities (Part X, line 26)	11,489,075.	11,619,104.
	22	Net assets or fund balances Subtract line 21 from line 20	9,036,113.	9,263,846.

RECEIVED
DEC 22 2011
OGDEN, UT
IRS-OSC
162

SCANNED MAY 30 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date 12-15-11
▶ DAVID CURRY, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
ED RAMOS, CPA		12/13/11		

Firm's name ▶ DWYER PEMBERTON & COULSON P.C. — Firm's EIN ▶

Firm's address ▶ P.O. BOX 1614
TACOMA, WA 98401-1614 — Phone no 253.572.9922

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

9-16

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493222001292

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ROYAL RIDGES RETREAT AT ANDERSEN RANCH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 3010

City or town, state or country, and ZIP + 4
BATTLE GROUND, WA 98604

D Employer identification number
94-3088285

E Telephone number
(360) 686-3737

G Gross receipts $ 390,192

F Name and address of principal officer
LOREN PETER
10304 SE 10TH ST
VANCOUVER, WA 98664

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ royalridges org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2010

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To operate a Christian ministry through providing camping facilities, operating a retreat program, providing and training for homeless and or at risk individuals and providing a rescue site for abused animals

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	245,926	36,543
	9	Program service revenue (Part VIII, line 2g)	277,925	340,282
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,259	-1,450
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	561,110	375,375
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,086	141,409
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	211,132	229,105
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	334,218	370,514
	19	Revenue less expenses Subtract line 18 from line 12	226,892	4,861

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,269,334	1,272,194
	21	Total liabilities (Part X, line 26)	242,608	240,607
	22	Net assets or fund balances Subtract line 21 from line 20	1,026,726	1,031,587

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-09
Signature of officer | Date

LOREN PETER CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROGER CASTRO	Date 2012-08-09	Check if self-employed ▶ ☑	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROGER G CASTRO CPA 105 W MAIN STREET STE 203 BATTLE GROUND, WA 98604			EIN ▶ Phone no ▶ (360) 687-1169

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272003091

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PRESBYTERIAN COUNSELING SERVICE

Doing Business As
SAMARITAN CENTER OF PUGET SOUND

Number and street (or P O box if mail is not delivered to street address) | Room/suite
564 NE RAVENNA BLVD

City or town, state or country, and ZIP + 4
SEATTLE, WA 981156460

D Employer identification number
91-1268538

E Telephone number
(206) 527-2266

G Gross receipts $ 2,441,799

F Name and address of principal officer
BEVERLEY SHRUMM
564 NE RAVENNA BLVD
SEATTLE, WA 981156460

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SAMARITANPS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CHRISTIAN FAITH-BASED COUNSELING AND EDUCATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	34
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	168,264	232,852
	9	Program service revenue (Part VIII, line 2g)	2,230,502	2,193,435
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302	1,912
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,250	13,600
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,411,318	2,441,799
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,209,631	2,129,592
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶52,733		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	223,192	291,510
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,432,823	2,421,102
	19	Revenue less expenses Subtract line 18 from line 12	-21,505	20,697

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,457,468	1,455,399
	21	Total liabilities (Part X, line 26)	371,895	346,194
	22	Net assets or fund balances Subtract line 21 from line 20	1,085,573	1,109,205

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2011-09-16
Signature of officer | Date

▶ BEVERLEY SHRUMM PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
STEVEN B BASS CPA	STEVEN B BASS CPA	2011-09-16		

Firm's name ▶ MONSON & BASS INC PS | Firm's EIN ▶

Firm's address ▶ 3500 188TH SW SUITE 234
LYNNWOOD, WA 980374716 | Phone no ▶ (425) 778-5232

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09/01 **, 2010, and ending** 08/31 **, 20** 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: SAMBICA Formerly Sammamish Bible Camp Assoc

Doing Business As

Number and street (or P.O box if mail is not delivered to street address): 4114 W Lake Sammamish Pkwy SE | Room/suite

City or town, state or country, and ZIP + 4: Bellevue, WA 98008

D Employer identification number: 91-0761611

E Telephone number: 425-746-9110

G Gross receipts $ 1,142,691

F Name and address of principal officer: Larry LeSueur, 4114 W Lake Sammamish Pkwy SE, Bellevue, WA 98008

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.sambica.com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1919 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Sambica exists to create environments where individuals experience Jesus Christ through educational programs, recreation and hospitality services. Primary programs include summer Bible camps and year round adult meetings.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	103
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	128,725	153,252
	9	Program service revenue (Part VIII, line 2g)	1,008,536	940,503
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	910	498
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,471	48,438
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,209,642	1,142,691
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	567,449	648,849
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 91,443		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	627,309	687,544
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,194,758	1,336,393
	19	Revenue less expenses. Subtract line 18 from line 12	14,884	-193,702
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,152,740	1,046,540
	21	Total liabilities (Part X, line 26)	405,012	492,514
	22	Net assets or fund balances. Subtract line 21 from line 20	747,728	554,026

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SCANNED JAN 23 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 1/12/12

Larry LeSueur Chairman
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning SEPTEMBER 1 , 2010, and ending AUGUST 31 , 20 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: SAMUEL AND ALTHEA STROUM JEWISH COMMUNITY CENTER

Doing Business As

Number and street (or P.O box if mail is not delivered to street address): 3801 EAST MERCER WAY, Room/suite

City or town, state or country, and ZIP + 4: MERCER ISLAND, WA 98040-3805

D Employer identification number: 91-0635236

E Telephone number: 206-232-7115

G Gross receipts $ 7,758,430

F Name and address of principal officer: JUDY NEUMAN
SAME AS ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SJCC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1949

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE STROUM JEWISH COMMUNITY CENTER IS TO ENSURE JEWISH CONTINUITY, TO SUPPORT JEWISH UNITY, TO ENRICH JEWISH LIFE, AND TO PARTICIPATE IN AND PROMOTE THE WELL-BEING OF THE JEWISH AND GENERAL COMMUNITY AND THE PEOPLE OF ISRAEL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	377
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	62,870
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,292,303

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,104,177	2,045,267
	9	Program service revenue (Part VIII, line 2g)	4,949,031	5,167,293
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,223	8,399
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	332,068	320,618
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,388,499	7,541,577
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,368,122	5,724,220
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,731		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,797,920	1,811,167
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,166,042	7,535,387
	19	Revenue less expenses. Subtract line 18 from line 12	222,457	6,190
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,533,066	5,304,434
	21	Total liabilities (Part X, line 26)	3,890,581	3,655,759
	22	Net assets or fund balances. Subtract line 21 from line 20	1,642,485	1,648,675

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Judy Neuman — Signature of officer — Date 6/22/12

▶ Judy Neuman CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SHARLYN R. TURNER	Sharlyn Turner	6/15/12		P00658966

Firm's name ▶ PETERSON SULLIVAN, LLP, CPA's — Firm's EIN ▶ 91-0605875

Firm's address ▶ 601 UNION ST., #2300, SEATTLE, WA 98101 — Phone no 206-382-7777

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y Form **990** (2010)

NE

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JUL 24 2012

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SEABECK CHRISTIAN CONFERENCE CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
15395 SEABECK HWY NW

City or town, state or country, and ZIP + 4
SEABECK, WA 983809583

D Employer identification number
91-6011617

E Telephone number
(360) 830-5010

G Gross receipts $ 2,209,040

F Name and address of principal officer
CHARLES KRAINING
15395 SEABECK HWY NW
SEABECK, WA 983809583

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SEABECK ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1936

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CONFERENCE FACILITY OPERATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	68
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	189,151	1,008,295
	9	Program service revenue (Part VIII, line 2g)	1,347,613	1,195,295
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,112	5,450
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,542,876	2,209,040
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	626,281	645,056
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶61,228		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	814,275	721,514
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,440,556	1,366,570
	19	Revenue less expenses Subtract line 18 from line 12	102,320	842,470

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,592,254	4,096,281
	21	Total liabilities (Part X, line 26)	448,439	1,113,699
	22	Net assets or fund balances Subtract line 21 from line 20	2,143,815	2,982,582

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-10-26
Signature of officer | Date

CHARLES KRAINING EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARK T LONG CPA	Date 2012-10-26	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00047630
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THE MYERS ASSOCIATES PC 520 PIKE ST STE 1040 SEATTLE, WA 981012397			EIN ▶ 91-1123435 Phone no ▶ (206) 623-6116

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317013502

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE SENTINEL GROUP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 6334

City or town, state or country, and ZIP + 4
LYNNWOOD, WA 98036

D Employer identification number
91-1488652

E Telephone number
(360) 805-2989

G Gross receipts $ 449,257

F Name and address of principal officer
GEORGE OTIS
PO BOX 6334
LYNNWOOD, WA 98036

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The Sentinel Group is a Christian community of cutting-edge researchers, filmmakers and ministers dedicated to the task of preparing needy communities for spiritual revival and societal transformation

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	474,986	264,685
	9	Program service revenue (Part VIII, line 2g)	176,291	184,551
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	761	21
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	652,038	449,257
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	196,593	227,268
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶32,350		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	419,968	269,439
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	616,561	496,707
	19	Revenue less expenses Subtract line 18 from line 12	35,477	-47,450
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	881,544	856,350
	21	Total liabilities (Part X, line 26)	151,467	173,723
	22	Net assets or fund balances Subtract line 21 from line 20	730,077	682,627

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-04
Signature of officer | Date

GEORGE OTIS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TODD W RESCH	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TODD W RESCH CPA PS 8212 224TH AVE EAST BUCKLEY, WA 983219249			EIN ▶ Phone no ▶ (253) 862-2662

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493278003302

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Shelton Valley Child Care and Developmen

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 1546

City or town, state or country, and ZIP + 4
Shelton, WA 98584

D Employer identification number
26-2776706

E Telephone number
(360)426-0743

G Gross receipts $ 613,037

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2008

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Shelton Valley Christian Child Development Center is organized exclusively for charitable and educational purposes 1 To operate a childcare center, 2 To educate, develop and train children and families

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	225
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	200
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,708	73
	9	Program service revenue (Part VIII, line 2g)	632,119	612,927
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49	37
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	635,876	613,037
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,000	625
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	432,792	415,319
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,025		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	138,429	191,421
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	574,221	607,365
	19	Revenue less expenses Subtract line 18 from line 12	61,655	5,672

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	82,959	83,801
	21	Total liabilities (Part X, line 26)	24,927	24,500
	22	Net assets or fund balances Subtract line 21 from line 20	58,032	59,301

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-10-04
Signature of officer | Date

Larry Ramsey Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Dennis Bryan CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Parker Mooers & Cena PS CPAs 9222 Bay Shore Dr NW Ste 150 Silverdale, WA 98383			EIN ▶ Phone no ▶ (360) 692-8808

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493199001272

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SOCIETY OF ST VINCENT DE PAUL
COUNCIL OF SEATTLE AREA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5950 4TH AVE SOUTH

City or town, state or country, and ZIP + 4
SEATTLE, WA 98108

D Employer identification number
91-0583891

E Telephone number
(206)767-9975

G Gross receipts $ 16,160,372

F Name and address of principal officer
JAMES GAUNTT
5950 4TH AVE SOUTH
SEATTLE, WA 98108

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5496

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ NONE

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MAIN PURPOSE OF THE SOCIETY IS TO HELP SUPPORT INDIVIDUALS AND FAMILIES IN SPIRITUAL OR FINANCIAL NEED THE SOCIETY HELPS WITH THE BASIC NEEDS OF THOSE IN IMPOVERISHED CIRCUMSTANCES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	146
6	Total number of volunteers (estimate if necessary)	6	2,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	154,285
b	Net unrelated business taxable income from Form 990-T, line 34	7b	153,285

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,725,780	10,649,622
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,615	17,235
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,097,118	1,175,099
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,835,513	11,841,956
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,646,275	3,088,136
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,095,176	3,375,755
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶214,012		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,525,969	5,005,633
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,267,420	11,469,524
	19	Revenue less expenses Subtract line 18 from line 12	568,093	372,432

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,727,734	16,905,027
	21	Total liabilities (Part X, line 26)	6,875,208	8,562,799
	22	Net assets or fund balances Subtract line 21 from line 20	7,852,526	8,342,228

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-07-17
Signature of officer | Date

JAMES GAUNTT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
DARREN H MAXFIELD	DARREN H MAXFIELD			

Firm's name ▶ VOLDAL WARTELLE & CO PS | Firm's EIN ▶

Firm's address ▶ 10510 NORTHUP WAY SUITE 300
KIRKLAND, WA 98033 | Phone no ▶ (425) 250-0051

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226012102

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SPORTS LEADERSHIP MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10003 N DIVISION ST
ROOM/SUITE 100

City or town, state or country, and ZIP + 4
SPOKANE, WA 99218

D Employer identification number
72-1582253

E Telephone number
(509) 468-4069

G Gross receipts $ 432,729

F Name and address of principal officer
FRED CROWELL
3325 W HORIZON AVE
SPOKANE, WA 99208

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SPORTSLEADERSHIP NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SPORTS LEADERSHIP MINISTRIES (SLM) WITH A GUIDING PRINCIPLE OF CHRIST ABOVE SELF, WILL IMPACT YOUTH, THEIR PARENTS, AND LEADERS TO LIVE A CHRIST-CENTERED LIFE THROUGH SPORTS AND PERSONAL DEVELOPMENT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	42
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,032
b	Net unrelated business taxable income from Form 990-T, line 34	7b	4,307

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	52,213	52,572
	9	Program service revenue (Part VIII, line 2g)	372,408	373,892
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448	233
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,820	6,032
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,889	432,729
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,405	41,756
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,061	81,818
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	305,615	313,789
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	435,081	437,363
	19	Revenue less expenses Subtract line 18 from line 12	808	-4,634

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	205,194	195,852
	21	Total liabilities (Part X, line 26)	137,393	132,685
	22	Net assets or fund balances Subtract line 21 from line 20	67,801	63,167

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-09
Signature of officer | Date

FRED CROWELL PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NATE RIGGAN CPA	Date 2012-08-13	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ POINTGUARD FINANCIAL PLLC 420 N EVERGREEN STE 100 SPOKANE VALLEY, WA 992160993			EIN ▶ Phone no ▶ (509) 924-2506

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135052872

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SUNRISE HAVEN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 6057

City or town, state or country, and ZIP + 4
Kent, WA 980646057

D Employer identification number
91-0856575

E Telephone number
(253) 813-2096

G Gross receipts $ 1,079,049

F Name and address of principal officer
Robin Banko
PO Box 6057
Kent, WA 98064

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www sunrisehaven org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Sunrise Haven provides Christian Science nursing care consistent with the Church Manual bylaw to those relying solely on God for healing through practicing Christian Science

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	284,650	265,295
	9	Program service revenue (Part VIII, line 2g)	819,803	791,377
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,301	13,563
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,140	9,188
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,149,894	1,079,423
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,807	2,700
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	869,697	916,942
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,163		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	315,934	216,092
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,187,438	1,135,734
	19	Revenue less expenses Subtract line 18 from line 12	-37,544	-56,311

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,936,089	2,882,720
	21	Total liabilities (Part X, line 26)	66,785	69,727
	22	Net assets or fund balances Subtract line 21 from line 20	2,869,304	2,812,993

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-04-30

▶ Robin Banko Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320090392

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TRI CITY UNION GOSPEL MISSION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1443

City or town, state or country, and ZIP + 4
PASCO, WA 99301

D Employer identification number
91-0840528

E Telephone number
(509) 547-2112

G Gross receipts $ 3,009,742

F Name and address of principal officer
DONALD PORTER
1465 DESERT SPRING
RICHLAND, WA 99352

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TCUGM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SPREAD THE GOSPEL OF JESUS CHRIST BY CONDUCTING RESCUE MISSION WORK IN THE TRI-CITIES AREA OF EASTERN WASHINGTON, AND MINISTERING TO THE SPIRITUAL, MORAL AND PHYSICAL NEEDS AND WELFARE OF TRANSIENT INDIVIDUALS AND FAMILIES, AS WELL AS LOCAL NEEDY INDIVIDUALS AND FAMILIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	907
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,538,763	2,840,678
	9	Program service revenue (Part VIII, line 2g)	21,982	20,183
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,815	49,975
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,036	6,000
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,571,596	2,916,836
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,288,035	1,413,554
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	546,810	646,227
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	122,411	174,618
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶256,024		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	325,665	371,485
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,282,921	2,605,884
	19	Revenue less expenses Subtract line 18 from line 12	288,675	310,952
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,535,030	1,869,194
	21	Total liabilities (Part X, line 26)	353,873	377,085
	22	Net assets or fund balances Subtract line 21 from line 20	1,181,157	1,492,109

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-15
Signature of officer | Date

DONALD PORTER Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brent Mickelsen	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Blodgett Mickelsen & Naef PS 8203 W Quinault Ave Ste 800 Kennewick, WA 99336			EIN ▶ Phone no ▶ (509) 735-0379

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493115009152

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNION GOSPEL MISSION OF GRAYS HARBOR

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 859

City or town, state or country, and ZIP + 4
ABERDEEN, WA 98520

D Employer identification number
91-0580853

E Telephone number
(360) 533-1064

G Gross receipts $ 1,194,011

F Name and address of principal officer
GARY ROWELL
405 E HERON
ABERDEEN, WA 98520

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE FOOD, CLOTHING, SHELTER, AND MINISTRY TO THE POOR AND NEEDY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	900
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,043,965	1,033,350
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,122	1,310
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,800	137,742
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,116,887	1,172,402
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	264,376	301,721
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	89,807	90,129
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶162,226		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	647,570	698,329
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,001,753	1,090,179
	19	Revenue less expenses Subtract line 18 from line 12	115,134	82,223

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,489,097	1,564,671
	21	Total liabilities (Part X, line 26)	161,125	154,476
	22	Net assets or fund balances Subtract line 21 from line 20	1,327,972	1,410,195

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-04-12
Signature of officer | Date

GARY ROWELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LONNIE RICH CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00333655
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ AIKEN & SANDERS INC PS 343 W WISHKAH ST ABERDEEN, WA 98520			EIN ▶ 91-0870697 Phone no ▶ (360) 533-3370

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: UNITY CHRISTIAN MINISTRIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address): C/O LENALL BATTLE 5007 68TH ST W

Room/suite

City or town, state or country, and ZIP + 4: TACOMA WA 98404-2336

D Employer identification number: 91-1526095

E Telephone number: 253-678-6882

G Gross receipts $ 525,060

F Name and address of principal officer: LENALL BATTLE, 5007 68TH ST W, TACOMA WA 98443-2351

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ N/A

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1997

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

RELIGIOUS EDUCATION AND TO PROVIDE CHILD DAYCARE TO LOW INCOME FAMILIES

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	24
6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	76,254	94,421
9 Program service revenue (Part VIII, line 2g)	513,009	430,634
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	5
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,269	525,060
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	370,878	345,290
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	207,519	195,924
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	578,397	541,214
19 Revenue less expenses Subtract line 18 from line 12	10,872	-16,154
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	1,233,316	1,190,623
21 Total liabilities (Part X, line 26)	844,308	817,769
22 Net assets or fund balances Subtract line 21 from line 20	389,008	372,854

RECEIVED NOV 2 2012 OGDEN, UT

SCANNED DEC 17 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ X Lenall Battle — Signature of officer — Date 11/13/2012

▶ Lenall Battle (Senior Pastor) — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RONALD J. BASSAGE	Ronald J Bassage	11-12-12		P00950693

Firm's name ▶ OVIST & HOWARD, CPA'S — Firm's EIN ▶ 88-0183378

Firm's address ▶ 7509 GRANGE ST W, LAKEWOOD, WA 98499-8181 — Phone no 253-472-6211

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135056172

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
VOLUNTEERS OF AMERICA WESTERN WASHINGTON

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2802 BROADWAY

City or town, state or country, and ZIP + 4
EVERETT, WA 98201

D Employer identification number
91-0577129

E Telephone number
(425) 259-3191

G Gross receipts $ 21,962,094

F Name and address of principal officer
PHIL SMITH
2802 BROADWAY
EVERETT, WA 98201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1736

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VOAWW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1915

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
WE SERVE AND EMPOWER INDIVIDUALS, FAMILIES AND COMMUNITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	617
6	Total number of volunteers (estimate if necessary)	6	1,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,078,325	20,898,385
	9	Program service revenue (Part VIII, line 2g)	559,487	627,399
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,715	20,176
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,931	194,366
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,824,458	21,740,326
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,041,730	5,576,743
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,477,595	12,916,148
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶624,876		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,571,006	3,857,046
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,090,331	22,349,937
	19	Revenue less expenses Subtract line 18 from line 12	-265,873	-609,611

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,578,878	14,765,543
	21	Total liabilities (Part X, line 26)	5,132,910	5,610,162
	22	Net assets or fund balances Subtract line 21 from line 20	9,445,968	9,155,381

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-14
Signature of officer | Date

PHIL SMITH PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
HOWARD DONKIN CPA	HOWARD DONKIN CPA	2012-03-12		

Firm's name ▶ JACOBSON JARVIS & CO PLLC | Firm's EIN ▶

Firm's address ▶ 600 STEWART STREET SUITE 1900
SEATTLE, WA 981011219 | Phone no ▶ (206) 628-8990

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013391

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WARM BEACH CHRISTIAN CAMPS
AND CONFERENCE CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 20800 MARINE DRIVE | Room/suite

City or town, state or country, and ZIP + 4
STANWOOD, WA 98292

D Employer identification number 91-1710210

E Telephone number (360) 652-7575

G Gross receipts $ 4,317,366

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www warmbeach com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The purpose of the corporation is to exalt Jesus Christ through organizing, promoting, developing, and conducting Bible-centered conference and camping programs to win people to Christ, to nurture Christian character, to train for world-wide Christian service, and to strengthen the family life through recreation, instruction, and inspiration in a wholesome environment

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	262
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,231,281	450,855
	9	Program service revenue (Part VIII, line 2g)	3,548,765	3,528,753
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,679	25,422
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,961	-10,223
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,814,764	3,994,807
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,058,376	1,994,958
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶228,233		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,922,371	1,881,013
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,980,747	3,875,971
	19	Revenue less expenses Subtract line 18 from line 12	834,017	118,836

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	12,691,724	12,823,088
	21	Total liabilities (Part X, line 26)	2,304,290	2,316,818
	22	Net assets or fund balances Subtract line 21 from line 20	10,387,434	10,506,270

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-10
Signature of officer | Date

PATRICK PATTERSON ADMIN DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Jerome Burnett CPA	Jerome Burnett CPA			

Firm's name ▶ Langabeer McKernan Burnett PS | Firm's EIN ▶

Firm's address ▶ PO Box 1269
Stanwood, WA 98292 | Phone no ▶ (360) 629-9545

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493222017672

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WEST VALLEY NURSING HOMES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3801 SUMMITVIEW AVENUE

City or town, state or country, and ZIP + 4
YAKIMA, WA 989022794

D Employer identification number
91-0679851

E Telephone number
(509) 965-5245

G Gross receipts $ 11,161,653

F Name and address of principal officer
CALVIN GROENENBERG
3801 SUMMITVIEW AVENUE
YAKIMA, WA 989022794

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LIVINGCARECENTERS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1958

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
A NOT-FOR-PROFIT, CHRISTIAN BASED, NON-DENOMINATIONAL RETIREMENT COMMUNITY THAT PROVIDES A VARIETY OF QUALITY HOUSING AND CARE SERVICES FOR SENIORS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	266
6	Total number of volunteers (estimate if necessary)	6	116
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,529	49,200
	9	Program service revenue (Part VIII, line 2g)	11,040,201	11,032,933
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,069	79,520
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,158,799	11,161,653
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,000	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,101,585	6,293,625
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶127,498		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,155,568	4,028,751
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,260,153	10,322,376
	19	Revenue less expenses Subtract line 18 from line 12	898,646	839,277

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,141,697	26,626,058
	21	Total liabilities (Part X, line 26)	13,432,852	13,077,936
	22	Net assets or fund balances Subtract line 21 from line 20	12,708,845	13,548,122

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-09
Signature of officer | Date

ED STEVENSON BOARD CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
RALPH A CONNER CPA	2012-08-09		P00185729

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP
610 NORTH 39TH AVENUE
YAKIMA, WA 98902

EIN ▶ 41-0746749

Phone no ▶ (509) 823-2910

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493170003262

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
World Vision Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 9716

City or town, state or country, and ZIP + 4
Federal Way, WA 980639716

D Employer identification number
95-1922279

E Telephone number
(253) 815-1000

G Gross receipts $ 1,066,703,510

F Name and address of principal officer
Lawrence K Probus
PO Box 9716
Federal Way, WA 980639716

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 8170

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www worldvision org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
World Vision is a Christian humanitarian organization serving children and families globally

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,324
6	Total number of volunteers (estimate if necessary)	6	55,871
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-126,023
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-151,016

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,020,904,962	1,046,867,239
	9	Program service revenue (Part VIII, line 2g)	1,245,613	4,830,308
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,498,324	3,614,536
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,007,888	440,948
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,026,656,787	1,055,753,031
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	805,876,368	879,101,842
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,857,334	97,839,338
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,312,596	3,988,805
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶101,702,306		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	101,753,473	97,619,170
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,001,799,771	1,078,549,155
	19	Revenue less expenses Subtract line 18 from line 12	24,857,016	-22,796,124

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	296,416,151	287,843,043
	21	Total liabilities (Part X, line 26)	122,014,892	139,293,918
	22	Net assets or fund balances Subtract line 21 from line 20	174,401,259	148,549,125

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-06-15
Signature of officer | Date

▶ Lawrence K Probus Senior VP Strategic Solutions, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Dave Moja	Dave Moja			

Firm's name ▶ CAPIN CROUSE LLP | Firm's EIN ▶

Firm's address ▶ 972 EMERSON PARKWAY
GREENWOOD, IN 46143 | Phone no ▶ (317) 885-2620

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JULY 1, 2010, and ending JUNE 30, 20 11

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: YOUNG MENS CHRISTIAN ASSOCIATION AT WASH. ST. UNIV.

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 209 E MAIN STREET | Room/suite

City or town, state or country, and ZIP + 4: PULLMAN, WA 99163

D Employer identification number: 91-0573117

E Telephone number: 509-332-3524

G Gross receipts $ 337,796

F Name and address of principal officer: JOAN RUTKOWSKI, SAME AS ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☐ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The YMCA at Washington State University is a charitable, community, service organization that includes men, women, and children of all ages, abilities, incomes, races and religions.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	160
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	31,989	98,211
	9	Program service revenue (Part VIII, line 2g)	233,201	182,096
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235	278
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,383	22,921
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	268,808	303,506
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	140,683	138,521
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	143,906	90,518
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	284,589	229,039
	19	Revenue less expenses Subtract line 18 from line 12	-15,781	74,467

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	57,533	110,389
	21	Total liabilities (Part X, line 26)	26,408	4,797
	22	Net assets or fund balances Subtract line 21 from line 20	31,125	105,592

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Joan Rutkowski — Signature of officer — Date 10/18/11

▶ Joan Rutkowski Executive Director/CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TIM GEHRING	Tim E Gehring	10/7/11		P00850658

Firm's name ▶ MCELDOWNEY & MCELDOWNEY, PS — Firm's EIN ▶

Firm's address ▶ PO BOX 87; 1230 SE BISHOP BLVD, PULLMAN, WA 99163 — Phone no 509-332-6541

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

SCANNED NOV 15 2011

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C
CLALLAM COUNTY YMCA
DBA OLYMPIC PENINSULA YMCA
302 SOUTH FRANCIS
PORT ANGELES, WA 98362

D Employer Identification Number: 91-0652924

E Telephone number: 360-452-9244

G Gross receipts $ 2,311,322.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► CLALLAMCOUNTYYMCA.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1949

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities. PROVIDES POSITIVE PROGRAMS THAT EMPHASIZE BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES. PARTICULAR FOCUS ON HEALTH AND FITNESS, RECREATION, TEENS AND CHILDCARE. OVER 10,000 WILL BE SERVED IN 2007. THE Y WELCOMES EVERYONE, REGARDLESS OF AGE, SEX, RACE, RELIGION,

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	188
6	Total number of volunteers (estimate if necessary)	6	1,020
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-8,314.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,651,516.	1,838,747.
	9	Program service revenue (Part VIII, line 2g)	413,872.	333,840.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,602.	-327,997.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,387.	138,409.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,186,377.	1,982,999.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,576,739.	1,502,760.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 12,415.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	656,921.	697,318.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,233,660.	2,200,078.
	19	Revenue less expenses. Subtract line 18 from line 12	-47,283.	-217,079.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,713,302.	2,507,958.
	21	Total liabilities (Part X, line 26)	608,710.	620,445.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,104,592.	1,887,513.

RECEIVED AUG 13 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date

STEVEN M. CHARNO, VP-FINANCE — 8/1/12

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
WENDY LESKINOVITCH	WENDY LESKINOVITCH	7/24/12		P01255441

Firm's name ► BAKER, OVERBY & MOORE INC, P.S.
Firm's address ► 1102 E 1ST ST
PORT ANGELES, WA 98362
Firm's EIN ► 91-1125749
Phone no 360-457-4481

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED AUG 29 2012

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 08/18/11 Form **990** (2011)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Young Men's Christian Association of Grays Harbor

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2500 Simpson | Room/suite

City or town, state or country, and ZIP + 4
Hoquiam, WA 98550

D Employer identification number 91-1984900

E Telephone number (360) 533-3881

G Gross receipts $ 2,610,117

F Name and address of principal officer
Kurtis Dawson
2500 Simpson
Hoquiam, WA 98550

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ GHYMCA NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The YMCA is a charitable, community service organization whose mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all We are dedicated to building strong kids, strong families, and strong communities All persons are welcome at our YMCA, regardless of their ability to pay Our YMCA is founded and led by volunteers from our community, volunteers also serve as mentors, coaches, program leaders, instructors and more

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	231
6	Total number of volunteers (estimate if necessary)	6	231
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,222
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,222

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	348,199	478,873
	9	Program service revenue (Part VIII, line 2g)	2,065,562	2,077,604
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,656	19,727
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,566	16,738
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,473,983	2,592,942
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,476,684	1,524,381
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶10,484		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,276,270	1,311,850
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,752,954	2,836,231
	19	Revenue less expenses Subtract line 18 from line 12	-278,971	-243,289

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,232,805	11,084,106
	21	Total liabilities (Part X, line 26)	332,204	384,571
	22	Net assets or fund balances Subtract line 21 from line 20	10,900,601	10,699,535

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-07
Signature of officer | Date

Officer Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Terry D Sodders CPA	Terry D Sodders CPA			

Firm's name ▶ Aiken & Sanders Inc PS | Firm's EIN ▶

Firm's address ▶ 343 W Wishkah
Aberdeen, WA 98520 | Phone no ▶ (360) 533-3370

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SEATTLE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
909 FOURTH AVENUE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98104

D Employer identification number
91-0482710

E Telephone number
206-382-5003

G Gross receipts $ 72,553,141.

F Name and address of principal officer: ROBERT B. GILBERTSON JR.
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SEATTLEYMCA.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1877

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE YMCA IS FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3082
6	Total number of volunteers (estimate if necessary)	6	11385
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,067,358.	19,902,596.
	9	Program service revenue (Part VIII, line 2g)	42,273,595.	44,582,003.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,057,601.	2,536,739.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,131.	233,467.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,538,685.	67,254,805.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	898,204.	1,196,671.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,777,555.	39,182,557.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 940,771.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,973,914.	24,339,754.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,649,673.	64,718,982.
	19	Revenue less expenses. Subtract line 18 from line 12	889,012.	2,535,823.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	152,520,200.	150,584,105.
	21	Total liabilities (Part X, line 26)	40,685,979.	42,259,793.
	22	Net assets or fund balances. Subtract line 21 from line 20	111,834,221.	108,324,312.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ GLENN H. TSUGAWA, SENIOR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SARA ELIZABETH J. HYRE		8/15/12		P00235495

Firm's name ▶ CLARK NUBER, PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700
BELLEVUE, WA 98004 — Phone no. 425-454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

FOR PUBLIC DISCLOSURE

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF PIERCE AND KITSAP COUNTIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1614 S MILDRED ST SUITE 1

City or town, state or country, and ZIP + 4
TACOMA, WA 98465

D Employer identification number
91-0565562

E Telephone number
(253) 534-7800

G Gross receipts $ 41,534,030

F Name and address of principal officer
ROBERT ECKLUND
1614 S MILDRED ST SUITE 1
TACOMA, WA 98465

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ YMCAPKC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,330
6	Total number of volunteers (estimate if necessary)	6	3,031
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,942,439	5,227,704
	9	Program service revenue (Part VIII, line 2g)	30,724,886	36,063,282
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,745	102,710
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,126,481	14,034
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,817,551	41,407,730
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,550	21,729
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,130,046	21,959,779
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,181,042		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,728,157	14,745,893
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	31,882,753	36,727,401
	19	Revenue less expenses Subtract line 18 from line 12	6,934,798	4,680,329

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	104,836,313	104,744,394
	21	Total liabilities (Part X, line 26)	46,405,579	41,992,545
	22	Net assets or fund balances Subtract line 21 from line 20	58,430,734	62,751,849

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-07-26

▶ ROBERT ECKLUND PRESIDENT & CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MELISSA D HORTSCH CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00086398
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DWYER PEMBERTON & COULSON PC, PO BOX 1614, TACOMA, WA 98401			EIN ▶ 91-1503183
			Phone no ▶ (253) 572-9922

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493067001362

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF THE GREATER TRI-CITIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1234 COLUMBIA PARK TRAIL

City or town, state or country, and ZIP + 4
RICHLAND, WA 99352

D Employer identification number
91-0655754

E Telephone number
(509) 374-1908

G Gross receipts $ 1,694,491

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ymcatricities org

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	124
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	230,398	359,147
	9	Program service revenue (Part VIII, line 2g)	1,352,116	1,313,405
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	694	350
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,626	21,589
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,591,834	1,694,491
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,142,236	1,228,597
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶20,125		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	407,690	462,238
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,549,926	1,690,835
	19	Revenue less expenses Subtract line 18 from line 12	41,908	3,656

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	685,983	688,299
	21	Total liabilities (Part X, line 26)	43,481	42,141
	22	Net assets or fund balances Subtract line 21 from line 20	642,502	646,158

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-07
Signature of officer | Date

ED MULHAUSEN Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
ROBERT A MCBRIDE JR CPAPFS	ROBERT A MCBRIDE JR CPAPFS			

Firm's name ▶ Christensen King PC | Firm's EIN ▶

Firm's address ▶ 1334 Jadwin
Richland, WA 99354 | Phone no ▶ (509) 943-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228040842

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF THE INLAND NORTHWEST

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1126 N MONROE

City or town, state or country, and ZIP + 4
SPOKANE, WA 99201

D Employer identification number
91-0827958

E Telephone number
(509) 777-9622

G Gross receipts $ 16,212,900

F Name and address of principal officer
ALAN LESHER
1126 N MONROE
SPOKANE, WA 99201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ YMCASPOKANE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1884

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE YMCA OF THE INLAND NORTHWEST IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA OF THE INLAND NORTHWEST IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED TOGETHER BY A SHARED PASSION TO STRENGTHEN THE FOUNDATIONS OF THE COMMUNITY WITH A COMMITMENT TO NURTURING THE POTENTIAL OF CHILDREN AND TEENS, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY, THE YMCA ENSURES THAT EVERY INDIVIDUAL HAS ACCESS TO THE ESSENTIALS NEEDED TO LEARN, GROW AND THRIVE YMCA MEMBERSHIP AND PROGRAMS ARE OPEN TO ALL FEES ARE KEPT AS AFFORDABLE AS POSSIBLE, WITH AN INCOME-BASED SLIDING SCALE AND FINANCIAL ASSISTANCE AVAILABLE ON A CASE-BY-CASE BASIS IN ADDITION, WE OFFER SPECIALIZED COMMUNITY PROGRAMS AT LOW OR NO COST TO PARTICIPANTS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,063
6	Total number of volunteers (estimate if necessary)	6	3,613
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,441,050	1,824,133
	9	Program service revenue (Part VIII, line 2g)	12,105,910	13,426,647
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,190,572	661,522
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,512	223,361
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,752,044	16,135,663
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,594,704	9,668,923
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶78,949		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,819,381	6,772,405
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,414,085	16,441,328
	19	Revenue less expenses Subtract line 18 from line 12	337,959	-305,665

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	36,253,083	35,625,777
	21	Total liabilities (Part X, line 26)	18,255,773	18,178,443
	22	Net assets or fund balances Subtract line 21 from line 20	17,997,310	17,447,334

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-15
Signature of officer | Date

ALAN LESHER CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOHN P BJORKMAN	Date 2012-08-15	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00045907
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP 601 WEST RIVERSIDE SUITE 700 SPOKANE, WA 992010622			EIN ▶ 41-0746749
			Phone no ▶ (509) 363-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: SKAGIT VALLEY FAMILY YMCA

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 215 EAST FULTON — Room/suite

City or town, state or country, and ZIP + 4: MOUNT VERNON WA 98273

D Employer identification number: 91-0565022

E Telephone number: 360-336-9622

G Gross receipts$ 3,323,578

F Name and address of principal officer: ROBERT SHRUMM, 215 E. FULTON, MOUNT VERNON WA 98273

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SVYMCA.ORG

H(c) Group exemption number ▶

K Form of organization [ ] Corporation [ ] Trust [X] Association [ ] Other ▶

L Year of formation 1911

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	254
6 Total number of volunteers (estimate if necessary)	6	425
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	181,046	190,262
9 Program service revenue (Part VIII, line 2g)	3,144,859	3,084,012
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,401	3,710
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,764	40,121
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,360,070	3,318,105
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,368,512	2,414,841
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,147		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	889,881	879,788
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,258,393	3,294,629
19 Revenue less expenses Subtract line 18 from line 12	101,677	23,476
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,584,517	2,600,771
21 Total liabilities (Part X, line 26)	723,822	716,600
22 Net assets or fund balances Subtract line 21 from line 20	1,860,695	1,884,171

SCANNED JUL 18 2012

RECEIVED JUN 26 2012 IRS-OSC OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date

▶ Robert W. Shrumm C.E.O. — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STEVEN L. TOBIASON	Preparer's signature: Steven L. Tobiason	Date: JUN 25 2012	Check [ ] if self-employed	PTIN P01056076
Firm's name ▶ WILLIAMS & NULLE, PLLC, CPA'S			Firm's EIN ▶ 91-0593897
Firm's address ▶ 407 PINE ST MOUNT VERNON, WA 98273-3853			Phone no 360-336-6611

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2011)

24

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228019112

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SNOHOMISH COUNTY

Doing Business As
YMCA OF SNOHOMISH COUNTY

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2720 ROCKEFELLER AVENUE

City or town, state or country, and ZIP + 4
EVERETT, WA 982013523

D Employer identification number
91-0565561

E Telephone number
(425) 258-9211

G Gross receipts $ 20,993,935

F Name and address of principal officer
SCOTT WASHBURN
2720 ROCKEFELLER AVENUE
EVERETT, WA 982013523

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCA-SNOCO ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1901

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FOR YOUTH DEVELOPMENT, FOR HEALTHY LIVING, FOR SOCIAL RESPONSIBILITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	955
6	Total number of volunteers (estimate if necessary)	6	2,130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,074,442	2,238,399
	9	Program service revenue (Part VIII, line 2g)	17,957,209	18,211,708
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-62,716	28,291
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,418	46,223
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,995,353	20,524,621
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,861,815	1,641,428
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,650,328	11,100,320
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶397,825		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,062,483	7,488,368
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,574,626	20,230,116
	19	Revenue less expenses Subtract line 18 from line 12	420,727	294,505
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	42,784,322	42,217,316
	21	Total liabilities (Part X, line 26)	16,938,085	16,529,903
	22	Net assets or fund balances Subtract line 21 from line 20	25,846,237	25,687,413

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-14
Signature of officer | Date

SCOTT WASHBURN PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1530 YELM HIGHWAY SE | Room/suite

City or town, state or country, and ZIP + 4: OLYMPIA, WA 98501-4684

D Employer identification number: 91-0586473

E Telephone number: (360) 753-6576

G Gross receipts $ 6,859,885.

F Name and address of principal officer: MICHAEL WEST
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ BRIGGSCOMMUNITYYMCA.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1892 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE GROWTH AND

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	531
6	Total number of volunteers (estimate if necessary)	6	1134
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	562,673.	525,433.
	9	Program service revenue (Part VIII, line 2g)	6,495,170.	6,159,438.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,280.	36,134.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,625.	118,845.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,203,748.	6,839,850.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,583,668.	4,389,822.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,359.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,712,931.	2,489,577.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,296,599.	6,879,399.
	19	Revenue less expenses. Subtract line 18 from line 12	-92,851.	-39,549.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,380,550.	14,576,529.
	21	Total liabilities (Part X, line 26)	4,788,383.	4,433,234.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,592,167.	10,143,295.

RECEIVED MAY 08 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 3/14/12

▶ MICHAEL WEST, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
NORMAN SMITH, CPA		3/14/12		P00241319

Firm's name ▶ NR SMITH AND ASSOCIATES, PS — Firm's EIN ▶ 91-0959909

Firm's address ▶ 2120 CATON WAY SW
OLYMPIA, WA 98502-1106 — Phone no. (360) 754-9475

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED APR 03 2012

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9116 25

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Walla Walla YMCA

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 340 S. Park Street | Room/suite

City or town, state or country and ZIP + 4: Walla Walla WA 99362

D Employer identification number: 91-0580856

E Telephone number

G Gross receipts $ 2,904,132

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No" attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ www.wwymca.org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Youth & adult development

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	237
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	623,398	496,673
	9 Program service revenue (Part VIII, line 2g)	2,217,946	2,324,788
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	12,015
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,311	70,656
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,886,655	2,904,132
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,566,984	1,728,686
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	971,203	1,124,393
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,538,187	2,853,079
	19 Revenue less expenses Subtract line 18 from line 12	348,468	51,053
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,528,204	8,429,275
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	8,528,204	8,429,275

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SCANNED AUG 09 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: R. Randall Grant — Date: 8-3-12

Type or print name and title: RANDY GRANT CEO.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Daryl L. Hopson	Daryl L. Hopson	07/31/12		P00183394

Firm's name ▶ D. L. Hopson, CPA, PLLC — Firm's EIN ▶ 82-0586254

Firm's address ▶ 450 Valley Chapel Rd, Walla Walla, WA 99362-7214 — Phone no 509-525-5833

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C YOUNG MENS CHRISTIAN ASSOCIATION
OF WENATCHEE
217 ORONDO AVENUE
WENATCHEE, WA 98801

D Employer Identification Number: 91-0578224

E Telephone number: 509-662-2109

G Gross receipts $ 2,240,837.

F Name and address of principal officer: ERIC NELSON
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.WENYMCA.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1910 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE WENATCHEE VALLEY YMCA STRENGTHENS THE FOUNDATIONS OF THE COMMUNITY. WITH A COMMITTMENT TO NURTURING THE POTENTIAL OF CHILDREN, PROMOTING HEALTHY LIVING AND FOSTERING SOCIAL RESPONSIBILITY. THE YMCA IS DEDICATED TO BUILDING HEALTHY, CONFIDENT, SECURE CHILDREN, ADULTS & FAMILIES.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	122
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	545,395.	562,177.
	9	Program service revenue (Part VIII, line 2g)	1,510,559.	1,463,347.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,127.	38,574.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,041.	-8,294.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,182,122.	2,055,804.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	151,501.	130,671.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,224,861.	1,246,570.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 42,575.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	806,721.	766,520.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,183,083.	2,143,761.
	19	Revenue less expenses Subtract line 18 from line 12	-961.	-87,957.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,247,559.	4,097,863.
	21	Total liabilities (Part X, line 26)	930,778.	869,039.
	22	Net assets or fund balances Subtract line 21 from line 20	3,316,781.	3,228,824.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 8-24-2012

► ERIC NELSON — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICK L. LINDER, CPA	RICK L. LINDER, CPA	8/15/12		P00009703

Firm's name ► LINDER & GOETZ, P.S.
Firm's address ► 159 SOUTH WORTHEN STREET #100
WENATCHEE, WA 98801

Firm's EIN ► 91-1874918
Phone no 509-662-9691

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11 Form **990** (2011)

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SCANNED OCT 16 2012

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WHATCOM FAMILY YMCA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1256 STATE STREET

City or town, state or country, and ZIP + 4
BELLINGHAM, WA 98225

D Employer identification number
91-0482690

E Telephone number
(360) 733-8630

G Gross receipts $ 4,423,880

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WHATCOMYMCA COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1890

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO BE AN ASSOCIATION OF INDIVIDUALS WITH SHARED VALUES WHICH ENHANCE THE COMMUNITY WITH PROGRAMS FOR THE SPIRIT, MIND, AND BODY OUR OBJECTIVE IS TO BUILD STRONG KIDS, STRONG FAMILIES AND A STRONG COMMUNITY OUR METHODS INCLUDE THE USE OF 'CHARACTER COUNTS' THEME, WHERE THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY ARE INCORPORATED INTO ALL OF OUR PROGRAMS OUR GOALS ARE TO PROVIDE AS MANY OPPORTUNITIES AS POSSIBLE FOR INDIVIDUALS TO THRIVE TO ACCOMPLISH THIS, OUR RESOURCES ARE FOCUSED ON PROVIDING THE FOLLOWING SAFE PLACES, WHICH INCORPORATE CLEAR BOUNDARIES AND RULES, STANDARDS FOR PROGRAMS AND SERVICES, CARE AND RESPECT FOR EACH INDIVIDUAL-BOTH EMOTIONALLY AND PHYSICALLY, AND THE PRESENCE OF CHRISTIAN PRINCIPLES SUPPORTIVE AND CARING RELATIONSHIPS, BY PROMOTING POSITIVE INTER-GENERATIONAL AND MULTI-CULTURAL RELATIONSHIPS, ADULT AND YOUTH ROLE MODELS AND POSITIVE INCLUSIVE GROUPS OPPORTUNITIES FOR GROWTH, WHICH INCLUDE LOTS OF PROGRESSIVE PROGRAMS IN A F

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	443
6	Total number of volunteers (estimate if necessary)	6	2,078
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	431,756	453,682
	9	Program service revenue (Part VIII, line 2g)	3,661,719	3,807,401
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,798	29,472
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,016	53,953
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,168,289	4,344,508
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,473,815	2,575,929
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,457		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,619,691	1,551,949
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,093,506	4,127,878
	19	Revenue less expenses Subtract line 18 from line 12	74,783	216,630

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,429,794	5,575,755
	21	Total liabilities (Part X, line 26)	1,552,187	1,494,910
	22	Net assets or fund balances Subtract line 21 from line 20	3,877,607	4,080,845

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-11-07
Signature of officer | Date

▶ DAVE HARDING CEO/GEN DIR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ G DENNIS ARCHER	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ARCHER HALLIDAY PS CPAS, 1621 CORNWALL AVE, BELLINGHAM, WA 982254634			EIN ▶
			Phone no ▶ (360) 756-1010

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5 NORTH NACHES AVE

City or town, state or country, and ZIP + 4
YAKIMA, WA 98901

D Employer identification number
91-0568717

E Telephone number
(509) 248-1202

G Gross receipts $ 3,873,712

F Name and address of principal officer
BOB ROMERO
5 NORTH NACHES AVE
YAKIMA, WA 98901

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YAKIMAYMCA ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1906

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE YAKIMA FAMILY YMCA SEEKS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	235
6	Total number of volunteers (estimate if necessary)	6	527
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	860,600	479,199
	9	Program service revenue (Part VIII, line 2g)	2,898,631	3,095,782
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,635	114,930
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,589	31,991
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,850,455	3,721,902
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,500	268,658
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,053,148	2,187,390
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶54,405		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,506,067	1,422,361
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,561,715	3,878,409
	19	Revenue less expenses Subtract line 18 from line 12	288,740	-156,507

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,750,302	8,803,069
	21	Total liabilities (Part X, line 26)	183,532	220,289
	22	Net assets or fund balances Subtract line 21 from line 20	8,566,770	8,582,780

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-03-07
Signature of officer | Date

▶ BOB ROMERO EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
PAM CLEAVER	PAM CLEAVER			

Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶

Firm's address ▶ PO BOX 22650
YAKIMA, WA 989072650 | Phone no ▶ (509) 248-7750

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

YOUTH COMPASS INTERNATIONAL
4701 SW ADMIRAL WAY # 148
SEATTLE, WA 98116

D Employer Identification Number: 88-0507791

E Telephone number: (206) 937-7070

G Gross receipts $ 541,732.

F Name and address of principal officer: TIM ALDERSON
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► YOUTHCOMPASS.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 2001 **M** State of legal domicile NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: YOUTH COMPASS INTERNATIONAL IS A NOT-FOR-PROFIT ORGANIZATION THAT ESTABLISHES AND SUPPORTS IN INTERNATIONAL COMMUNITIES A RELATIONAL CHRISTIAN PRESENCE THAT DEMONSTRATES AND COMMUNICATES THE LOVE OF JESUS CHRIST TO YOUNG PEOPLE AND THEIR FAMILIES

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	511,930.	540,973.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18.	12.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		747.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	511,948.	541,732.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,133.	40,528.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	375,372.	414,043.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 40,109.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113,423.	122,550.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	521,928.	577,121.
	19	Revenue less expenses Subtract line 18 from line 12	-9,980.	-35,389.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	60,767.	36,150.
	21	Total liabilities (Part X, line 26)	9,922.	20,694.
	22	Net assets or fund balances Subtract line 21 from line 20	50,845.	15,456.

RECEIVED MAY 1 4 2012 OGDEN, UT IRS-OSC

SCANNED JUN 15 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 5/6/2012

► THOMAS SPECKHARDT, SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
STEVEN A. FINLEY		5/4/12		N/A

Firm's name ► STEVEN A. FINLEY, CPA
Firm's address ► 11911 NE 1ST ST., SUITE 301
BELLEVUE, WA 98005

Firm's EIN ► N/A
Phone no (425) 451-4748

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01/10 , and ending 09/30/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Youth Dynamics

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO Box 486 | Room/suite

City or town, state or country, and ZIP + 4: Burlington WA 98233

D Employer identification number: 91-0858312

E Telephone number

G Gross receipts$ 2,344,080

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ yd.org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Christian youth ministry

2 Check this box ▶[ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	1,915,601	1,997,017
9 Program service revenue (Part VIII, line 2g)	355,308	346,610
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	661	453
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,271,570	2,344,080
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		48,808
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,307,505	2,318,850
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,307,505	2,367,658
19 Revenue less expenses Subtract line 18 from line 12	-35,935	-23,578

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	450,487	480,612
21 Total liabilities (Part X, line 26)	104,563	117,685
22 Net assets or fund balances Subtract line 21 from line 20	345,924	362,927

RECEIVED JUN 20 2012 OGDEN, UT IRS-OSC

SCANNED JUL 10 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer: Letitia A Greydanus | Date 6-14-12

▶ Type or print name and title: Letitia A Greydanus Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ This tax return prepared by a non-paid preparer. | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2010)

P 15

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [X] Amended return [ ] Application pending

C Name of organization: SEATTLE AREA YOUTH FOR CHRIST

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 418 N.E. 72ND STREET — Room/suite

City or town, state or country, and ZIP + 4: SEATTLE, WA 98115

D Employer identification number 91-6000608

E Telephone number 206-284-4446

G Gross receipts $ 487,750.

F Name and address of principal officer: BRIAN MUCHMORE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 1277

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.YFCSEATTLEMETRO.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1946 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CHRISTIAN MINISTRIES TO YOUTH

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	35
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	325,587.	408,142.
	9	Program service revenue (Part VIII, line 2g)	52,053.	59,145.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-23,814.	-6,560.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	354,018.	460,727.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,552.	42,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	260,244.	316,724.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,297.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	92,692.	106,526.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	397,488.	465,450.
	19	Revenue less expenses. Subtract line 18 from line 12	-43,470.	-4,723.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	85,135.	96,216.
	21	Total liabilities (Part X, line 26)	4,034.	19,838.
	22	Net assets or fund balances. Subtract line 21 from line 20	81,101.	76,378.

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SCANNED JAN 24 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 1-10-12

▶ BRIAN MUCHMORE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
NATHAN J. HARTMAN		01/10/12		P01564623

Firm's name ▶ PETERSON SULLIVAN LLP, CPA'S — Firm's EIN ▶

Firm's address ▶ 601 UNION ST, STE 2300
SEATTLE, WA 98101-2345 — Phone no. 2063827777

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: YOUTH FOR CHRIST/TACOMA AREA, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 834 | Room/suite

City or town, state or country, and ZIP + 4: TACOMA, WA 98401-0834

D Employer identification number: 91-0584100

E Telephone number: 253-572-7888

G Gross receipts $ 2,852,422.

F Name and address of principal officer: BOBBY ARKILLS
PO BOX 834, TACOMA, WA 98409

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ HTTP://WWW.TACOMAYFC.ORG/

H(c) Group exemption number ▶ 1277

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1948 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: YFC REACHES YOUNG PEOPLE EVERYWHERE, WORKING TOGETHER WITH THE LOCAL CHURCH AND OTHER LIKE

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<7,678.>
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<7,729.>

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,385,387.	841,709.
	9	Program service revenue (Part VIII, line 2g)	1,574,802.	1,848,347.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,166.	80.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,311.	<5,458.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,076,666.	2,684,678.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,519,164.	1,511,367.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,723.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,207,779.	1,195,167.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,726,943.	2,706,534.
	19	Revenue less expenses. Subtract line 18 from line 12	349,723.	<21,856.>
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,504,573.	2,273,319.
	21	Total liabilities (Part X, line 26)	1,046,042.	833,001.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,458,531.	1,440,318.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 9-30-2011

▶ BOBBY ARKILLS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: TIMOTHY D. BEARDSLEY | Preparer's signature | Date | Check [ ] if self-employed | PTIN

Firm's name ▶ DOTY BEARDSLEY ROSENGREN & CO, P.S. | Firm's EIN ▶

Firm's address ▶ 4301 SOUTH PINE STREET, SUITE 400
TACOMA, WA 98409 | Phone no. (253) 830-5450

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED DEC 10 2011

G14 23

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Youth Missions International
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 1901 S. Jefferson Ave. Room/suite: 212
City or town, state or country, and ZIP + 4: Tacoma, WA 98402-1611

D Employer identification number: 20-8903588
E Telephone number: 866-487-7563
G Gross receipts $ 389,510

F Name and address of principal officer: Darrell Weiland, 2303 256th St. NW, Stanwood, WA 98292

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http://www.ymimissions.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 2007
M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: We are a religious, faith-based training organization empowering young people to live and share their faith in Christ. We do this though mission training, mission trips, and local ministry in support of churches.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	276,765	335,959
	9	Program service revenue (Part VIII, line 2g)	41,621	52,392
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30	1,159
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	318,416	389,510
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	37,893
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,162	90,200
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,996		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	235,332	261,783
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	296,494	389,876
	19	Revenue less expenses. Subtract line 18 from line 12	21,922	(366)

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	50,234	49,868
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	50,234	49,868

RECEIVED MAY 21 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
▶ Signature of officer: Calvin Harris — Date: 5/14/12
▶ Type or print name and title: Calvin Harris Secretary/Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2011)

SCANNED JUN 25 2012

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YWCA CLARK COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3609 Main St

City or town, state or country, and ZIP + 4
Vancouver, WA 98663

D Employer identification number
91-0569882

E Telephone number
(360) 696-0167

G Gross receipts $ 4,263,567

F Name and address of principal officer
Sherri Bennett
3609 Main St
Vancouver, WA 98663

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ywcaclarkcounty org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1927

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ywca clark county's mission is to eliminate racism, empower women, and promote peace, justice, freedom and dignity for all

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	104
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-29,801

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,111,540	3,596,421
	9	Program service revenue (Part VIII, line 2g)	19,512	22,803
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,902	503,470
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,349	77,018
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,370,605	4,199,712
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	74,344	81,857
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,731,785	2,581,815
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶254,841		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	641,039	507,909
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,447,168	3,171,581
	19	Revenue less expenses Subtract line 18 from line 12	-76,563	1,028,131

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,101,240	6,047,329
	21	Total liabilities (Part X, line 26)	416,218	334,173
	22	Net assets or fund balances Subtract line 21 from line 20	4,685,022	5,713,156

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-03-21

▶ Bruce Moret Director of Fin & Admin
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307013522

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YWCA OF KITSAP COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 559

City or town, state or country, and ZIP + 4
BREMERTON, WA 98337

D Employer identification number
91-0665112

E Telephone number
(360) 479-0522

G Gross receipts $ 1,489,482

F Name and address of principal officer
LINDA JOYCE
905 PACIFIC AVE
BREMERTON, WA 98337

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YWCA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
DOMESTIC VIOLENCE RESPONSE AND PREVENTION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	965,718	1,442,603
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,810	1,536
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,766	29,779
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	965,762	1,473,918
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,960	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	641,687	637,869
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶40,973		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	303,323	391,743
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	987,970	1,029,612
	19	Revenue less expenses Subtract line 18 from line 12	-22,208	444,306

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,184,570	1,616,911
	21	Total liabilities (Part X, line 26)	204,648	192,683
	22	Net assets or fund balances Subtract line 21 from line 20	979,922	1,424,228

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-10-26
Signature of officer | Date

LINDA JOYCE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DENNIS TREGER CPA	Date 2012-10-25	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00046914
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BALL & TREGER LLP, 400 WARREN AVE STE 430, BREMERTON, WA 983371408			EIN ▶ 91-1080353
			Phone no ▶ (360) 479-6868

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493165003362

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Young Women's Christian Association of Olympia

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
220 Union Avenue SE

City or town, state or country, and ZIP + 4
Olympia, WA 98501

D Employer identification number
91-0568718

E Telephone number
(360) 352-0593

G Gross receipts $ 408,073

F Name and address of principal officer
Sandi Roberts
220 Union Ave SE
Olympia, WA 98501

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www ywcaofolympia@olywa net

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Creates Opportunities for Women's Growth, Leadership and Power

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	344,108	405,962
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,960	1,666
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	348,068	407,628
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,780	130,702
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,456		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,101	246,103
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	329,881	376,805
	19	Revenue less expenses Subtract line 18 from line 12	18,187	30,823

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	267,404	322,451
	21	Total liabilities (Part X, line 26)	191,103	216,075
	22	Net assets or fund balances Subtract line 21 from line 20	76,301	106,376

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-06-06
Signature of officer | Date

Sandi Roberts Board President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Terry D Sodders CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00003151
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Aiken & Sanders Inc PS, 343 W Wishkah St, Aberdeen, WA 98520			EIN ▶ 91-0870697
			Phone no ▶ (360) 533-3370

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [X] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: YWCA PIERCE COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 405 BROADWAY — Room/suite

City or town, state or country, and ZIP + 4: TACOMA, WA 98402

D Employer identification number 91-0565026

E Telephone number (253)272-4181

G Gross receipts $ 4,499,040.

F Name and address of principal officer: MIRIAM BARNETT
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.YWCAPIERCECOUNTY.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1910 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO TRANSFORM THE LIFE OF WOMEN AND CHILDREN THROUGH SAFETY, HEALING AND EMPOWERMENT.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	51
6	Total number of volunteers (estimate if necessary)	6	759
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,200,308.	3,346,587.
	9	Program service revenue (Part VIII, line 2g)	8,445.	10,025.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,087.	67,948.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	235,132.	125,237.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,489,972.	3,549,797.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	149,077.	159,309.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,821,083.	1,803,308.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,015.	9,653.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 178,133.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	410,349.	490,295.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,389,524.	2,462,565.
	19	Revenue less expenses. Subtract line 18 from line 12	1,100,448.	1,087,232.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,608,730.	9,855,725.
	21	Total liabilities (Part X, line 26)	2,339,388.	3,093,874.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,269,342.	6,761,851.

RECEIVED JAN 30 2012 IRS-OSC OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 1/24/12

▶ BILLIE OTTO, TREASURER
Type or print name and title

SCANNED

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MICHAEL J FAVORS CPA	CPA	4/5/12		

Firm's name ▶ FAVORS RETTIG, CPAS, PS — Firm's EIN ▶

Firm's address ▶ PO BOX 65710
UNIVERSITY PLACE, WA 98464 — Phone no 253-564-4993

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Cy 16

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

Doing Business As
YWCA SEATTLEKINGSNOHOMISH

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1118 FIFTH AVENUE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98101

D Employer identification number
91-0482890

E Telephone number
(206)490-4380

G Gross receipts $ 51,676,095

F Name and address of principal officer
SUE SHERBROOKE
1118 FIFTH AVENUE
SEATTLE, WA 98101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW YWCAWORKS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EMPOWER WOMEN BY ATTACKING HOMELESSNESS, DOMESTIC VIOLENCE, UNEMPLOYMENT, RACISM, & POVERTY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	46
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	46
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	961
6	Total number of volunteers (estimate if necessary)	6	2,484
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	33,920,278	32,963,270
	9	Program service revenue (Part VIII, line 2g)	4,371,580	4,403,745
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,146,361	1,688,030
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-36,906	1,519,869
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,401,313	40,574,914
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,481,948	6,826,276
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,723,150	17,159,462
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,189,965		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,687,462	10,823,709
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	32,892,560	34,809,447
	19	Revenue less expenses Subtract line 18 from line 12	6,508,753	5,765,467

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	135,853,300	149,791,170
	21	Total liabilities (Part X, line 26)	68,963,695	76,047,954
	22	Net assets or fund balances Subtract line 21 from line 20	66,889,605	73,743,216

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-10-15
Signature of officer | Date

SUE SHERBROOKE CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date 2012-11-09	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320040602

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG WOMENS CHRISTIAN ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
930 N MONROE ST

City or town, state or country, and ZIP + 4
SPOKANE, WA 99201

D Employer identification number
91-0565025

E Telephone number
(509) 326-1190

G Gross receipts $ 3,451,860

F Name and address of principal officer
LEAH BARBIERI
930 N MONROE ST
SPOKANE, WA 99201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW YWCA ORG/SPOKANE

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1903

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE YWCA IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	94
6	Total number of volunteers (estimate if necessary)	6	115
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,880,805	2,731,847
	9	Program service revenue (Part VIII, line 2g)	32,961	36,827
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,593,908	18,617
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-470,820	141,627
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,036,854	2,928,918
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,109,704	1,990,220
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶135,597		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,489,953	1,371,890
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,599,657	3,362,110
	19	Revenue less expenses Subtract line 18 from line 12	2,437,197	-433,192

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,732,140	7,923,731
	21	Total liabilities (Part X, line 26)	1,390,283	1,032,743
	22	Net assets or fund balances Subtract line 21 from line 20	7,341,857	6,890,988

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-15
Signature of officer | Date

LEAH BARBIERI PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BARBARA L EARNHEART	Date 2012-11-13	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00240388
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP 601 WEST RIVERSIDE SUITE 700 SPOKANE, WA 992010622			EIN ▶ 41-0746749 Phone no ▶ (509) 363-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493256004192

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WALLA WALLA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
213 S 1ST AVE

City or town, state or country, and ZIP + 4
WALLA WALLA, WA 99362

D Employer identification number
91-0613315

E Telephone number
(509) 525-2570

G Gross receipts $ 1,783,022

F Name and address of principal officer
ANN SCHMITT
213 S 1ST AVE
WALLA WALLA, WA 99362

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YWCAWW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1917

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE YWCA'S MISSION IS TO ELIMINATE RACISM AND TO EMPOWER WOMEN OUR GOAL IS TO ENRICH THE LIVES OF WOMEN AND THEIR FAMILIES OUR PROGRAMS AND SERVICES MUST ALL WORK TOWARDS THESE ENDS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	74
6	Total number of volunteers (estimate if necessary)	6	135
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	847,259	959,914
	9	Program service revenue (Part VIII, line 2g)	393,413	349,787
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,337	54,140
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,076	164,186
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,445,085	1,528,027
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	884,546	968,304
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,326		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	676,885	544,708
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,561,431	1,513,012
	19	Revenue less expenses Subtract line 18 from line 12	-116,346	15,015
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,999,614	5,001,879
	21	Total liabilities (Part X, line 26)	59,816	73,234
	22	Net assets or fund balances Subtract line 21 from line 20	4,939,798	4,928,645

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-12
Signature of officer | Date

ANNE SCHMITT PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MICHAEL A DANDREA CPA	Date 2012-08-22	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00078856
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP 101 WEST POPLAR PO BOX 998 WALLA WALLA, WA 993620998			EIN ▶ 41-0746749
			Phone no ▶ (509) 525-1410

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

1106

Form **990**

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 545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

YOUNG WOMEN'S CHRISTIAN ASSOC. OF YAKIMA
818 W. YAKIMA AVENUE
YAKIMA, WA 98902

D Employer Identification Number: 91-0565563

E Telephone number: (509) 248-7796

G Gross receipts $ 4,176,716

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions)

I Tax exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW YWCAYAKIMA ORG

H(c) Group exemption number ►

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ►

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YAKIMA IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	7
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,350,537	4,165,784
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-13,397	2,124
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,243	8,808
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,384,383	4,176,716
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	457,312	491,917.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 17,511.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	466,838.	245,791
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	924,150.	737,708
	19 Revenue less expenses. Subtract line 18 from line 12	460,233	3,439,008.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,760,824.	7,315,681
	21 Total liabilities (Part X, line 26)	703,338.	809,135.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,057,486.	6,506,546

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Erin Black — Date: Jan. 1, 2012
Signature of officer

► ERIN BLACK, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
ABBY M. SANDERS, CPA, CFE				P00196387

Firm's name ► PETERSEN CPAS & ADVISORS, PLLC
Firm's address ► 3702 KERN ROAD, YAKIMA, WA 98902
Firm's EIN ► 26-1262413
Phone no. (509) 575-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

RECEIVED
AUG 23 2012
OGDEN, UT
E1-233 IRS-OSC
SCANNED OCT 09 2012

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129019762

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BAKKE GRADUATE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1013 - 8TH AVENUE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98104

D Employer identification number
91-1485907

E Telephone number
(206) 264-9100

G Gross receipts $ 2,635,936

F Name and address of principal officer
ART ZYLSTRA
1013 - 8TH AVENUE
SEATTLE, WA 98104

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BGU EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
POST GRADUATE CHRISTIAN EDUCATION FOR PASTORS AND CHRISTIAN LEADERS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,396,486	1,167,552
	9	Program service revenue (Part VIII, line 2g)	1,186,047	1,462,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,412	-422
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,601,945	2,629,130
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,331,872	1,470,833
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶272,148		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,163,748	1,151,719
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,495,620	2,622,552
	19	Revenue less expenses Subtract line 18 from line 12	106,325	6,578

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	696,072	835,020
	21	Total liabilities (Part X, line 26)	197,720	329,391
	22	Net assets or fund balances Subtract line 21 from line 20	498,352	505,629

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-04
Signature of officer | Date

▶ ART ZYLSTRA CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name STEVE BASS	Preparer's signature STEVE BASS	Date 2012-05-04	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶
Firm's address ▶ 3000 NORTHUP WAY SUITE 200 BELLEVUE, WA 980041446				Phone no ▶ (425) 250-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: FAITH EVANGELICAL LUTHERAN SEMINARY

Doing Business As FAITH EVANGELICAL SEMINARY

Number and street (or P.O. box if mail is not delivered to street address): 3504 NORTH PEARL STREET | Room/suite

City or town, state or country, and ZIP + 4: TACOMA, WA 98407-2607

D Employer identification number: 91-1559533

E Telephone number: 888-777-7675

G Gross receipts $ 2,248,082.

F Name and address of principal officer DR. MICHAEL J ADAMS
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FAITHSEMINARY.EDU

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1969 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities FAITH EVANGELICAL IS AN INSTITUTION OF GRADUATE THEOLOGICAL EDUCATION AND RESEARCH.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,626.	24,948.
	9	Program service revenue (Part VIII, line 2g)	1,631,076.	2,157,069.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,409.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,065.	30,381.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,706,176.	2,212,398.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,226,887.	1,369,567.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,706.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	445,909.	582,762.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,672,796.	1,952,329.
	19	Revenue less expenses. Subtract line 18 from line 12	33,380.	260,069.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,647,100.	1,901,160.
	21	Total liabilities (Part X, line 26)	381,384.	375,375.
	22	Net assets or fund balances Subtract line 21 from line 20	1,265,716.	1,525,785.

RECEIVED FEB 16 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Michael J. Adams — Signature of officer — Date 02/10/2012

▶ DR. MICHAEL J ADAMS, PRESIDENT/CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOHN A. VANDAVEER | Preparer's signature: John A. VanDaveer | Date 2/9/12 | Check [X] if self-employed | PTIN

Firm's name ▶ DEEMER DANA & FROEHLE LLP | Firm's EIN ▶

Firm's address ▶ 118 PARK OF COMMERCE DRIVE, SAVANNAH, GA 31405 | Phone no. (912) 238-1001

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

MAR 05 2012

916-19 19

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CORPORATION OF GONZAGA UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
502 E Boone Ave

City or town, state or country, and ZIP + 4
Spokane, WA 99258

D Employer identification number
91-0236600

E Telephone number
(509) 313-6803

G Gross receipts $ 201,774,356

F Name and address of principal officer
Thayne McCulloh
502 E Boone Ave
Spokane, WA 99258

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www gonzaga edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Private Jesuit Higher Education Institution

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,920
6	Total number of volunteers (estimate if necessary)	6	36
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	70,492
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,537,730	13,740,707
	9	Program service revenue (Part VIII, line 2g)	158,206,541	163,252,184
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,678,595	10,167,033
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,208,012	1,544,307
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,630,878	188,704,231
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,499,401	10,355,840
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	87,941,841	97,540,196
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	71,435	279,062
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,138,059		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	71,936,875	61,721,830
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	171,449,552	169,896,928
	19	Revenue less expenses Subtract line 18 from line 12	15,181,326	18,807,303

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	428,334,178	461,461,562
	21	Total liabilities (Part X, line 26)	193,802,946	194,076,353
	22	Net assets or fund balances Subtract line 21 from line 20	234,531,232	267,385,209

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-04-12

▶ Charles Murphy Vice President for Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093001012

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Northwest University

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 579

City or town, state or country, and ZIP + 4
Kirkland, WA 980830579

D Employer identification number
91-0615846

E Telephone number
(425) 822-8266

G Gross receipts $ 34,553,237

F Name and address of principal officer
Joseph Castleberry
PO Box 579
Kirkland, WA 98033

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www northwestu edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Our mission is to carry the call of God by continually building a learning community dedicated to spiritual vitality, academic excellence, and empowered engagement with human need This is achieved on a distinctively Christian residential campus through offering post-secondary education for students Our mission is to carry the call of God by continually building a learning community dedicated to spiritual vitality, academic excellence, and empowered engagement with human need This is achieved on a distinctively Christian residential campus through offering post-secondary education for students

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	637
6	Total number of volunteers (estimate if necessary)	6	51
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	74,554
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,064,641	2,317,874
	9	Program service revenue (Part VIII, line 2g)	29,554,652	30,832,042
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,885	339,745
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	331,025	428,695
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,292,203	33,918,356
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,506,563	8,188,906
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,319,565	15,412,270
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,263,432		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,918,299	10,485,552
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,744,427	34,086,728
	19	Revenue less expenses Subtract line 18 from line 12	-452,224	-168,372

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	61,861,780	62,653,303
	21	Total liabilities (Part X, line 26)	42,064,164	42,438,517
	22	Net assets or fund balances Subtract line 21 from line 20	19,797,616	20,214,786

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-03-28
Signature of officer | Date

▶ John Jordan CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
Dale Sorensen	Dale Sorensen	2012-03-28		

Firm's name ▶ Lakeview Accounting Associates | Firm's EIN ▶

Firm's address ▶ 5530 - 114th Ave NE
Kirkland, WA 980337513 | Phone no ▶ (425) 889-5984

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493061023632

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PACIFIC LUTHERAN UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PACIFIC LUTHERAN UNIVERSITY

City or town, state or country, and ZIP + 4
TACOMA, WA 98447

D Employer identification number
91-0565571

E Telephone number
(253) 535-7119

G Gross receipts $ 176,637,724

F Name and address of principal officer
ROBERT RILEY
PACIFIC LUTHERAN UNIVERSITY
TACOMA, WA 98447

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW PLU EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1920

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PACIFIC LUTHERAN UNIVERSITY OFFERS MORE THAN 3,500 STUDENTS A UNIQUE BLEND OF STUDIES THE ACADEMICALLY RIGOROUS OFFERINGS RANGE FROM THE LIBERAL ARTS TO PROFESSIONAL PROGRAMS THE UNIVERSITY IS LOCATED 6 MILES SOUTH OF TACOMA, IN SUBURBAN PARKLAND, ON A 156-ACRE WOODED CAMPUS STUDENTS DEVELOP SKILLS IN DECISION MAKING, ANALYSIS, COMMUNICATION AND REASONING THAT PREPARE THEM FOR A LIFETIME OF SUCCESS - BOTH IN THEIR CAREERS AND IN SERVICE TO OTHERS PLU IS COMMITTED TO DEVELOPING IN ALL STUDENTS AN UNDERSTANDING OF THE INTERCULTURAL AND INTELLECTUAL RICHNESS OF THE WORLD ABOUT 50 PERCENT OF STUDENTS SPEND TIME STUDYING ABROAD THROUGHOUT ITS HISTORY PLU HAS REMAINED CLOSELY AFFILIATED WITH THE LUTHERAN CHURCH AND IS NOW A UNIVERSITY OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA PLU MISSION STATEMENT IS TO "EDUCATE STUDENTS FOR LIVES OF THOUGHTFUL INQUIRY, SERVICE, LEADERSHIP AND CARE - FOR OTHER PEOPLE, FOR THE COMMUNITY, AND FOR THE EARTH "

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,161
6	Total number of volunteers (estimate if necessary)	6	465
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	637,595
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-399,055

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,478,001	31,504,170
	9	Program service revenue (Part VIII, line 2g)	113,199,631	115,578,907
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,009,410	2,432,533
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,118,505	2,101,775
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,805,547	151,617,385
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,789,232	39,305,904
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,830,617	57,051,374
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,449,428		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	38,317,774	39,397,013
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	131,937,623	135,754,291
	19	Revenue less expenses Subtract line 18 from line 12	867,924	15,863,094

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	226,980,177	248,452,936
	21	Total liabilities (Part X, line 26)	86,506,484	86,708,239
	22	Net assets or fund balances Subtract line 21 from line 20	140,473,693	161,744,697

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-01
Signature of officer | Date

ROBERT RILEY ASSOCIATE VP FOR FINANCE,CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
LAWRENCE H MOHR CPA	LAWRENCE H MOHR CPA			

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP | Firm's EIN ▶

Firm's address ▶ 225 S 6TH ST STE 2300
MINNEAPOLIS, MN 55402 | Phone no ▶ (612) 876-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493341004161

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SAINT MARTINS UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5000 Abbey Way SE

City or town, state or country, and ZIP + 4
Lacey, WA 98503

D Employer Identification number
91-0564993

E Telephone number
(360) 438-4534

G Gross receipts $ 52,373,786

F Name and address of principal officer
Roy Heynderickx
5000 Abbey Way SE
Lacey, WA 98503

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www stmartin edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1895

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Saint Martin's University is a Catholic Benedictine institution of higher education that empowers students to pursue a lifetime of learning and accomplishment in all arenas of human endeavor Saint Martin's students learn to make a positive difference in their lives and in the lives of others through the interaction of faith, reason, and service The University honors both the sacredness of the individual and the significance of community in the ongoing journey of becoming

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	975
6	Total number of volunteers (estimate if necessary)	6	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	332,030
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-14,232

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,945,699	5,268,414
	9	Program service revenue (Part VIII, line 2g)	35,329,048	39,302,180
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,426,924	713,935
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221,179	306,179
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,922,850	45,590,708
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,767,215	13,530,349
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,278,578	16,260,711
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶531,691		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,919,724	14,977,110
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,965,517	44,768,170
	19	Revenue less expenses Subtract line 18 from line 12	957,333	822,538

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	81,962,868	83,461,201
	21	Total liabilities (Part X, line 26)	50,009,802	48,361,468
	22	Net assets or fund balances Subtract line 21 from line 20	31,953,066	35,099,733

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2011-12-07

▶ Susan Heltsley Vice President of Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135057212

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SEATTLE PACIFIC UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3307 THIRD AVE W

City or town, state or country, and ZIP + 4
SEATTLE, WA 981191997

D Employer identification number
91-0565553

E Telephone number
(206) 281-2066

G Gross receipts $ 131,532,918

F Name and address of principal officer
Philip W Eaton
3307 Third Ave W
Seattle, WA 981191997

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SPU EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Seattle Pacific University seeks to be a premier Christian university fully committed to engaging the culture and changing the world by graduating people of competence and character, becoming people of wisdom, and modeling grace-filled community

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,463
6	Total number of volunteers (estimate if necessary)	6	213
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	157,052
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,160,133	7,013,983
	9	Program service revenue (Part VIII, line 2g)	114,164,355	122,689,943
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,064,756	1,134,566
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	390,020	416,620
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,779,264	131,255,112
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	34,917,072	39,174,773
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,474,177	53,460,004
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,970,541		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	33,907,664	35,526,240
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	122,298,913	128,161,017
	19	Revenue less expenses Subtract line 18 from line 12	480,351	3,094,095

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	208,471,743	215,331,138
	21	Total liabilities (Part X, line 26)	111,319,045	104,406,379
	22	Net assets or fund balances Subtract line 21 from line 20	97,152,698	110,924,759

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | 2012-05-14 Date

▶ DW Mortenson V P of Business and Planning
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

EXTENSION GRANTED TO MAY 15, 2012

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [X] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: THE SEATTLE SCHOOL OF THEOLOGY & PSYCH.

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 2501 ELLIOTT AVE — Room/suite

City or town, state or country, and ZIP + 4: SEATTLE, WA 98121

D Employer identification number 91-2037146

E Telephone number (206)876-6100

G Gross receipts $ 4,494,395.

F Name and address of principal officer: DR. KEITH ANDERSON
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.THESEATTLESCHOOL.EDU

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1999 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SEATTLE SCHOOL OF THEOLOGY & PSYCHOLOGY IS TO TRAIN PEOPLE TO BE COMPETENT

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	118
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,049,353.	1,114,044.
	9	Program service revenue (Part VIII, line 2g)	3,426,856.	3,291,002.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,869.	22,148.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,059.	25,236.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,528,137.	4,452,430.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,705,928.	2,745,785.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 220,722.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,742,074.	1,676,045.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,448,002.	4,421,830.
	19	Revenue less expenses. Subtract line 18 from line 12	80,135.	30,600.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,872,413.	1,786,205.
	21	Total liabilities (Part X, line 26)	1,088,625.	971,817.
	22	Net assets or fund balances. Subtract line 21 from line 20	783,788.	814,388.

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APR 2 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Keith R Ad — Signature of officer — Date 3/19/2012

▶ DR. KEITH ANDERSON, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RAYMON G. HOLMDAHL		03/14/12		

Firm's name ▶ PETERSON SULLIVAN LLP, CPA'S — Firm's EIN ▶

Firm's address ▶ 601 UNION ST, STE 2300
SEATTLE, WA 98101-2345 — Phone no 2063827777

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

20

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135061172

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Seattle University

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
901 12th Avenue

City or town, state or country, and ZIP + 4
Seattle, WA 981221090

D Employer identification number
91-0565006

E Telephone number
(206) 296-6150

G Gross receipts $ 277,024,627

F Name and address of principal officer
Stephen V Sundborg SJ President
901 12th Avenue
Finance and Business Affairs
Seattle, WA 981221090

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www seattleu edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Institution of Higher Education Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world In the academic year 2010-2011 the university enrolled students and awarded undergraduate degrees, graduate degrees, doctoral degrees and professional degrees

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4,041
6	Total number of volunteers (estimate if necessary)	6	32
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	838,405
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-107,910

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,182,270	15,363,112
	9	Program service revenue (Part VIII, line 2g)	212,989,513	229,552,437
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,706,244	4,011,817
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	827,445	838,405
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,705,472	249,765,771
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,921,596	59,347,539
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	111,648,202	118,744,803
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,655,378		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	62,601,933	71,306,907
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	225,171,731	249,399,249
	19	Revenue less expenses Subtract line 18 from line 12	11,533,741	366,522

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	565,611,586	591,265,813
	21	Total liabilities (Part X, line 26)	199,308,186	194,834,208
	22	Net assets or fund balances Subtract line 21 from line 20	366,303,400	396,431,605

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-05-14

▶ James Adolphson Associate VP for Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136035732

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LUTHERAN BIBLE INSTITUTE OF SEATTLE

Doing Business As
TRINITY LUTHERAN COLLEGE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2802 WETMORE AVENUE

City or town, state or country, and ZIP + 4
EVERETT, WA 98201

D Employer identification number
91-0654200

E Telephone number
(425) 249-4748

G Gross receipts $ 5,675,494

F Name and address of principal officer
TOM RAMSEY
2802 WETMORE AVENUE
EVERETT, WA 98201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TLC EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1945

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO OPERATE AN ACCREDITED CHRISTIAN LIBERAL ARTS INSTITUTION OF HIGHER EDUCATION THAT GRANTS FOUR-YEAR BACCALAUREATE DEGREES AND CERTIFICATES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	137
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,818,879	1,713,902
	9	Program service revenue (Part VIII, line 2g)	2,492,124	3,273,313
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,151	9,935
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289,439	264,612
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,631,593	5,261,762
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,521,182	1,542,061
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,005,848	2,050,136
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶325,807		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,420,673	2,320,772
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,947,703	5,912,969
	19	Revenue less expenses Subtract line 18 from line 12	-4,316,110	-651,207

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,993,561	14,610,734
	21	Total liabilities (Part X, line 26)	3,594,318	3,877,957
	22	Net assets or fund balances Subtract line 21 from line 20	11,399,243	10,732,777

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-10
Signature of officer | Date

TOM RAMSEY VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
KIMBERLY D FYFE	KIMBERLY D FYFE			

Firm's name ▶ VINE DAHLEN PLLC | Firm's EIN ▶

Firm's address ▶ 3500 188TH STREET SW SUITE 322
LYNNWOOD, WA 98037 | Phone no ▶ (425) 771-6055

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493074008472

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WHITWORTH UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 W HAWTHORNE ROAD

City or town, state or country, and ZIP + 4
SPOKANE, WA 99251

D Employer identification number
91-0473310

E Telephone number
(509) 777-3243

G Gross receipts $ 114,209,529

F Name and address of principal officer
BRIAN L BENZEL
300 W HAWTHORNE ROAD
SPOKANE, WA 99251

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WHITWORTH EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1890

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SINCE 1890, WHITWORTH HAS HELD FAST TO ITS FOUNDING MISSION OF PROVIDING "AN EDUCATION OF MIND AND HEART" THROUGH RIGOROUS INTELLECTUAL INQUIRY GUIDED BY DEDICATED CHRISTIAN SCHOLARS RECOGNIZED AS ONE OF THE TOP REGIONAL COLLEGES AND UNIVERSITIES IN THE WEST, WHITWORTH UNIVERSITY HAS AN ENROLLMENT OF 2,989 STUDENTS AND OFFERS 60 UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS IN RECENT YEARS, WHITWORTH HAS ENJOYED RECORD LEVELS OF STUDENT ENROLLMENT AND RETENTION, THE STRONGEST FINANCIAL POSITION IN THE UNIVERSITY'S HISTORY, AND INCREASED EXTERNAL VISIBILITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,246
6	Total number of volunteers (estimate if necessary)	6	52
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-119,830
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-137,512

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,003,232	10,038,114
	9	Program service revenue (Part VIII, line 2g)	74,238,248	84,767,223
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,713,659	3,677,498
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,368	-158,465
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,922,771	98,324,370
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,730,535	31,708,364
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,046,240	37,434,926
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,340,433		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,574,202	24,624,322
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	86,350,977	93,767,612
	19	Revenue less expenses Subtract line 18 from line 12	8,571,794	4,556,758

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	204,464,085	223,835,836
	21	Total liabilities (Part X, line 26)	83,504,504	78,771,688
	22	Net assets or fund balances Subtract line 21 from line 20	120,959,581	145,064,148

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-14
Signature of officer | Date

BRIAN L BENZEL VP, FINANCE AND ADMINISTRATION
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
LAWRENCE H MOHR CPA	LAWRENCE H MOHR CPA			

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP | Firm's EIN ▶

Firm's address ▶ 225 S 6TH ST STE 2300
MINNEAPOLIS, MN 55402 | Phone no ▶ (612) 876-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

The Northsound Association for Catholic Education dba Archbishop Murphy HS
12911 39th Avenue SE
Everett, WA 98208

D Employer Identification Number: 91-1172031

E Telephone number: 425-379-6363

G Gross receipts $ 7,229,153.

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.archbishopmurphyhs.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1982

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Operating a Catholic secondary school dedicated to preparing leaders of the Church and community through a rigorous college preparatory curriculum, demanding community service, and involvement in student government, athletics, and/or the arts.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,026,961.	929,579.
	9	Program service revenue (Part VIII, line 2g)	6,050,746.	6,029,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,987.	71,777.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	223,778.	171,005.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,345,472.	7,201,986.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,488,342.	4,581,373.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 218,999.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,415,638.	2,166,405.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,903,980.	6,747,778.
	19	Revenue less expenses Subtract line 18 from line 12	441,492.	454,208.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	17,885,017.	17,324,180.
	21	Total liabilities (Part X, line 26)	9,281,358.	8,266,313.
	22	Net assets or fund balances Subtract line 21 from line 20	8,603,659.	9,057,867.

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OGDEN, UT
IRS-OSC
334

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Robert P. Graby — Signature of officer — Date

► Dr. Robert Graby, President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Donald W. Luby	Donald W. Luby			N/A

Firm's name ► Luby & Thomson, PLLC
Firm's address ► 419 Occidental Avenue South, Suite 600
Seattle, WA 98104-2886

Firm's EIN ► N/A
Phone no (206) 628-4991

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED FEB 16 2012

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15

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BEAR CREEK SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8905 208TH AVE NE

City or town, state or country, and ZIP + 4
REDMOND, WA 98053

D Employer identification number
91-1420530

E Telephone number
(425) 898-1720

G Gross receipts $ 17,591,480

F Name and address of principal officer
PATRICK B CURRUTH
8905 208TH AVE NE
REDMOND, WA 98053

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW TBCS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATION FOR CHILDREN IN PRE-KINDERGARTEN THROUGH 12TH GRADE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	243
6	Total number of volunteers (estimate if necessary)	6	450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,320,632	3,679,543
	9	Program service revenue (Part VIII, line 2g)	10,704,414	11,814,024
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,097	144,191
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,953	232,797
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,362,096	15,870,555
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,018,063	1,304,303
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,066,672	7,462,418
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	146,952	127,394
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶543,613		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,307,758	3,605,985
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,539,445	12,500,100
	19	Revenue less expenses Subtract line 18 from line 12	822,651	3,370,455

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	29,543,848	33,111,258
	21	Total liabilities (Part X, line 26)	21,422,386	21,210,751
	22	Net assets or fund balances Subtract line 21 from line 20	8,121,462	11,900,507

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-10
Signature of officer | Date

PATRICK B CURRUTH PRESIDENT & HEADMASTER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
SARA ELIZABETH J HYRE	SARA ELIZABETH J HYRE			

Firm's name ▶ CLARK NUBER PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493117004352

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BELLEVUE CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1601 98TH AVENUE NE

City or town, state or country, and ZIP + 4
CLYDE HILL, WA 980043400

D Employer identification number
91-6001781

E Telephone number
(425) 454-4402

G Gross receipts $ 13,106,680

F Name and address of principal officer
BIRAGE TANDON
1601 98TH AVENUE NE
CLYDE HILL, WA 980043400

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BELLEVUECHRISTIAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1952

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATION OF PRESCHOOL THROUGH GRADE 12 STUDENTS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	331
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,407,597	1,238,371
	9	Program service revenue (Part VIII, line 2g)	11,109,915	11,261,022
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,773	58,502
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,896	-119,850
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,599,181	12,438,045
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	970,515	1,012,036
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,755,821	7,486,031
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶214,542		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,098,581	3,429,225
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,824,917	11,927,292
	19	Revenue less expenses Subtract line 18 from line 12	774,264	510,753

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,163,945	16,240,152
	21	Total liabilities (Part X, line 26)	6,640,595	6,613,876
	22	Net assets or fund balances Subtract line 21 from line 20	8,523,350	9,626,276

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-04-24
Signature of officer | Date

BIRAGE TANDON DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
ROB E KLEE	ROB E KLEE			

Firm's name ▶ SMITH BUNDAY BERMAN BRITTON PS | Firm's EIN ▶

Firm's address ▶ 11808 NORTHUP WAY SUITE 240
BELLEVUE, WA 980051959 | Phone no ▶ (425) 827-8255

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493177000172

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Cascade Christian Schools

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
815 - 21st St SE

City or town, state or country, and ZIP + 4
Puyallup, WA 98372

D Employer identification number
91-1572300

E Telephone number
(253) 841-1776

G Gross receipts $ 11,800,744

F Name and address of principal officer
Randy Johnson
815 - 21st St SE
Puyallup, WA 98372

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www cascadechristianschool org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide non-denominational Christian education preschool through 12th grade

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	385
6	Total number of volunteers (estimate if necessary)	6	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	491,039	242,007
	9	Program service revenue (Part VIII, line 2g)	11,454,858	11,223,800
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,225	31,795
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,690	264,946
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,170,812	11,762,548
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	394,855	475,581
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,260,104	6,991,965
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶198,671		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,523,350	4,222,357
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,178,309	11,689,903
	19	Revenue less expenses Subtract line 18 from line 12	-7,497	72,645

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,372,410	15,448,870
	21	Total liabilities (Part X, line 26)	9,446,517	9,450,332
	22	Net assets or fund balances Subtract line 21 from line 20	5,925,893	5,998,538

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-06-21
Signature of officer | Date

▶ Randy Johnson Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Richard Battershell CPA	Richard Battershell CPA			

Firm's name ▶ Battershell & Nichols PS | Firm's EIN ▶

Firm's address ▶ 33507 9th Ave S Ste C-1
Federal Way, WA 98003 | Phone no ▶ (253) 839-1620

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1 **, 2010, and ending** June 30 **, 20** 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Cedar Tree A Non Profit
Doing Business As: Cedar Tree Classical Christian School
Number and street (or P O box if mail is not delivered to street address): 20601 NE 29th Ave
Room/suite:
City or town, state or country, and ZIP + 4: Ridgefield, WA 98642

D Employer identification number: 91-2052658
E Telephone number: 360-887-0190
G Gross receipts $ 648,187

F Name and address of principal officer: William Meadowcroft
20601 NE 29th Ave, Ridgefield, WA 98642

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.cedartreeschool.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1999
M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Cedar Tree exists to provide an excellent classical Christian education that cultivates minds and nurtures hearts for effective, Christ-centered living. Cedar Tree operates a K-12 school with 145 students in the 2010-2011 school year. The education includes academic rigor and aims to teach students to think biblically, speak persuasively and learn extensively.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	211,002	99,625
	9	Program service revenue (Part VIII, line 2g)	346,738	436,913
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,075	756
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,124	91,944
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	616,939	629,238
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	215,478	253,694
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	350,828	264,116
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	566,306	517,810
	19	Revenue less expenses. Subtract line 18 from line 12	50,633	111,428
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,144,766	2,228,909
	21	Total liabilities (Part X, line 26)	1,267,330	1,240,045
	22	Net assets or fund balances. Subtract line 21 from line 20	877,436	988,864

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ William D. Meadowcroft — Date 11/15/11
Signature of officer

▶ WILLIAM D. MEADOWCROFT, CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

SCANNED DEC 14 2011

RECEIVED NOV 18 2011 OGDEN, UT

990-1B

19

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493105004082

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRALIA CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 1209

City or town, state or country, and ZIP + 4
CENTRALIA, WA 98531

D Employer identification number
91-1851825

E Telephone number
(360) 736-7657

G Gross receipts $ 742,751

F Name and address of principal officer
JONATHAN MEYER
P O BOX 1209
CENTRALIA, WA 98531

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Operation of Christian based school

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	212,826	154,887
	9	Program service revenue (Part VIII, line 2g)	599,010	587,408
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	782	456
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	812,618	742,751
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	560,721	534,203
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	219,156	203,121
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	779,877	737,324
	19	Revenue less expenses Subtract line 18 from line 12	32,741	5,427

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,311,611	1,340,278
	21	Total liabilities (Part X, line 26)	110,311	133,551
	22	Net assets or fund balances Subtract line 21 from line 20	1,201,300	1,206,727

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-04-16
Signature of officer | Date

JONATHAN MEYER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
RONALD A HALL CPA	RONALD A HALL CPA	2012-04-14		

Firm's name ▶ RONALD A HALL CPA | Firm's EIN ▶

Firm's address ▶ PO BOX 1066
CENTRALIA, WA 98531 | Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 8/01 **, 2010, and ending** 7/31 **, 2011**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Christian Holiness Institute for
Learning & Development
717 SE Everett Rd
Camas, WA 98607

D Employer Identification Number 91-1864764

E Telephone number (360) 833-0558

G Gross receipts $ 394,290.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.brightfuturesonline.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1996 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities Christian Holiness Institute for Learning and Development (dba CHILD Ministries) is incorporated for the purpose of providing superior character and academic education, charitable benevolence, and service to the local community.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	35
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	53,665.	72,465.
	9	Program service revenue (Part VIII, line 2g)	192,368.	321,811.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20.	14.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,053.	394,290.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		736.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	165,931.	306,831.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 61,945.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,038.	106,688.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	224,969.	414,255.
	19	Revenue less expenses. Subtract line 18 from line 12	21,084.	-19,965.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,595.	15,111.
	21	Total liabilities (Part X, line 26)	2,839.	11,320.
	22	Net assets or fund balances Subtract line 21 from line 20	23,756.	3,791.

RECEIVED JAN 24 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► L Scott Morris — Signature of officer — Date

► L. Scott Morris, President — Type or print name and title — Jan 15, 2012

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Darla Thomas, CPA	Darla Thomas	1-12-12		P00218737

Firm's name ► THOMAS & COMPANY, CPA, PC

Firm's address ► 7716 NE HAZEL DELL AVE
VANCOUVER, WA 98665-8225

Firm's EIN ► 26-1436408

Phone no (360) 906-9264

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED FEB 07 2012

A

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning AUG 1, 2010 and ending JUL 31, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: COMMUNITY CHRISTIAN ACADEMY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 4706 PARK CENTER NORTHEAST — Room/suite

City or town, state or country, and ZIP + 4: LACEY, WA 98516

D Employer identification number: 47-1810525

E Telephone number: (360) 456-2100

G Gross receipts $ 3,649,436.

F Name and address of principal officer: ROBERT L. HELSTROM
POST OFFICE BOX 3887, LACEY, WA 98509-3887

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CCA-OLYMPIA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1998 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE PRIMARY AND SECONDARY CHRISTIAN EDUCATION

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	127
6	Total number of volunteers (estimate if necessary)	6	225
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	40,956.	35,735.
	9	Program service revenue (Part VIII, line 2g)	3,242,173.	3,352,209.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101.	110.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,090.	168,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,418,320.	3,556,258.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,038.	269,239.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,691,259.	1,719,802.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,673,433.	1,606,716.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,622,730.	3,595,757.
	19	Revenue less expenses. Subtract line 18 from line 12	-204,410.	-39,499.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	480,445.	480,814.
	21	Total liabilities (Part X, line 26)	869,827.	909,695.
	22	Net assets or fund balances. Subtract line 21 from line 20	-389,382.	-428,881.

RECEIVED MAR 20 2012 OGDEN, UT

SCANNED APR 11 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer: Robert L. Helstrom — Date: 3-15-12

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PHILLIP A. HALL, CPA/ABV — Preparer's signature — Date: 3/15/12 — Check [ ] if self-employed — PTIN

Firm's name ▶ STRADER HALLETT & CO., P.S. — Firm's EIN ▶

Firm's address ▶ 5209 CORPORATE CENTER COURT SE
LACEY, WA 98503 — Phone no. (360) 456-2100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

9-16

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Cornerstone Academy
Doing Business As: Cornerstone Academy
Number and street (or P.O. box if mail is not delivered to street address): 14365 Fryelands Blvd
Room/suite:
City or town, state or country, and ZIP + 4: Monroe, WA 98272

D Employer identification number: 65-1308343
E Telephone number: 425-892-3030
G Gross receipts $ 272,273.43

F Name and address of principal officer: Michelle Jones, 16594 153rd St. S.E., Monroe, WA 98272

H(a) Is this a group return for affiliates? [ ] Yes [x] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.thecornerstoneacademy.org

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation
M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Christian School providing private Christian education to students.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	85
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1762.54
	9	Program service revenue (Part VIII, line 2g)		227,736.33
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		353.85
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42870.71
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		272723.43
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		216,131.05
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6392.11		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		51856.18
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		274,379.34
	19	Revenue less expenses. Subtract line 18 from line 12		-1883.45

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	101520.60	58408.44
	21	Total liabilities (Part X, line 26)	6772.32	26616.81
	22	Net assets or fund balances. Subtract line 21 from line 20	94748.28	31,791.63

RECEIVED FEB 21 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
▶ Michelle Jones — Signature of officer — Date 2·15·12
▶ Michelle Jones — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

SCANNED MAR 09 2012

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2011)

P

3

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jul 1 **, 2010, and ending** Jun 30 **, 2011**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: CORNERSTONE CHRISTIAN ACADEMY
Doing Business As
Number and street (or P O box if mail is not delivered to street addr): 4224 E 4TH AVE
Room/suite
City, town or country: SPOKANE
State: WA ZIP code + 4: 99202

D Employer Identification Number: 91-2058617
E Telephone number: (509) 835-1235
G Gross receipts $ 324,429.

F Name and address of principal officer: DAVID KISTLER 4224 E 4TH AVE SPOKANE WA 99202

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J **Website:** ► N/A

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 2000

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDED EDUCATION IN COMPLIANCE WITH STATE REGULATIONS TO STUDENTS FROM GRADES PRE-SCHOOL THROUGH 8TH GRADE.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	70,022.	141,046.
	9	Program service revenue (Part VIII, line 2g)	458,488.	169,447.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		97.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,778.	11,218.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	525,732.	321,808.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	376,152.	180,101.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	132,899.	84,127.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	509,051.	264,228.
	19	Revenue less expenses Subtract line 18 from line 12	16,681.	57,580.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	67,956.	101,501.
	21	Total liabilities (Part X, line 26)	30,215.	6,180.
	22	Net assets or fund balances Subtract line 21 from line 20	37,741.	95,321.

RECEIVED
NOV 2 2 2011
OGDEN, UT
IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 11/15/11

► DAVID KISLER PRINCIPAL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Ona E Marr, E.A.	Ona E Marr	11/14/11		P00542015

Firm's name ► Marr Financial Services
Firm's address ► 1815 W Knox Ave
Spokane WA 99205
Firm's EIN ► 91-1585088
Phone no (509) 951-0602

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/25/11 Form **990** (2010)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Cornerstone Christian School
Doing Business As: Cornerstone Christian School
Number and street (or P.O box if mail is not delivered to street address): 5501 Wiggins Road SE — Room/suite:
City or town, state or country, and ZIP + 4: Olympia WA 98501-5057

D Employer identification number: 91-1606188
E Telephone number: 360-923-0071
G Gross receipts $ 362,385

F Name and address of principal officer: Joe Taller
6519 Turnberry Lane SE, Olympia WA 98501

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.ccsoly.com

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1994
M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Education - grades Pre-K through 8

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	60,069	13,464
	9	Program service revenue (Part VIII, line 2g)	413,164	293,964
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,338	42,302
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,171	349,730
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	302,066	270,992
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	75,212	69,678
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	377,278	340,670
	19	Revenue less expenses. Subtract line 18 from line 12	114,893	9,060

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	75,785	84,173
	21	Total liabilities (Part X, line 26)	6,802	6,128
	22	Net assets or fund balances. Subtract line 21 from line 20	68,983	78,044

RECEIVED AUG 21 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer: Joe Taller — Date: 7-31-2012
▶ Type or print name and title: JOE TALLER BOARD CHR

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Robyn Garcia	Robyn Garcia	7/2/2012		2055

Firm's name ▶ Robyn's Nest Bookkeeping and Computer Svcs — Firm's EIN ▶
Firm's address ▶ 700 Sleater Kinney Road SE, Ste B, PMB 306, Lacey, WA 98503 — Phone no. 360-438-1826

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y Form **990** (2010)

SCANNED OCT 09 2012

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning AUG 1, 2010 and ending JUL 31, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: CORNERSTONE CHRISTIAN SCHOOL SOCIETY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 8872 NORTHWOOD RD. Room/suite

City or town, state or country, and ZIP + 4: LYNDEN, WA 98264

D Employer identification number: 55-0786606

E Telephone number: 360 756-5549

G Gross receipts $ 564,658.

F Name and address of principal officer: MARK HICKS
8872 NORTHWOOD RD, LYNDEN, WA 98264

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2002 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATION FOR GRADES K-12 BASED ON THE CHRISTIAN PRINCIPLES OF THE AMERICAN AND CANADIAN

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	84,302.	102,017.
	9	Program service revenue (Part VIII, line 2g)	443,525.	456,888.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44.	82.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,528.	5,046.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	532,399.	564,033.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	423,667.	442,591.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	110,026.	129,751.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	533,693.	572,342.
	19	Revenue less expenses Subtract line 18 from line 12	<1,294.>	<8,309.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,334,621.	1,326,885.
	21	Total liabilities (Part X, line 26)	15,249.	15,822.
	22	Net assets or fund balances Subtract line 21 from line 20	1,319,372.	1,311,063.

RECEIVED DEC 19 2011 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 12/10/11

▶ MARK HICKS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JEFF B. OETGEN	Jeff B. Oetgen	12/7/11		

Firm's name ▶ TELGENHOFF & OETGEN, P.S. Firm's EIN ▶

Firm's address ▶ 400 FIFTH STREET
LYNDEN, WA 98264 Phone no. (360)354-5545

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED JAN 06 2012

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16 18

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493086004332

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EASTSIDE CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
14615 SE 22ND STREET

City or town, state or country, and ZIP + 4
BELLEVUE, WA 98007

D Employer identification number
91-0848128

E Telephone number
(425) 641-5570

G Gross receipts $ 3,548,487

F Name and address of principal officer
MARK W MIGLIORE
14615 SE 22ND STREET
BELLEVUE, WA 98007

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EASTSIDECHRISTIAN NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATING CHILDREN IN THE CHRIST-INSPIRED, JOYFUL PURSUIT OF EXCELLENCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	90
6	Total number of volunteers (estimate if necessary)	6	230
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	165,911	190,161
	9	Program service revenue (Part VIII, line 2g)	2,512,079	2,877,947
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,931	57,012
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,398	209,936
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,878,319	3,335,056
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	109,886	132,889
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,727,822	1,928,423
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	37,851
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶149,849		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,037,825	1,075,423
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,875,533	3,174,586
	19	Revenue less expenses Subtract line 18 from line 12	2,786	160,470

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,138,062	6,264,067
	21	Total liabilities (Part X, line 26)	5,508,555	5,474,090
	22	Net assets or fund balances Subtract line 21 from line 20	629,507	789,977

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-26
Signature of officer | Date

MARK W MIGLIORE PRINCIPAL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
SARA ELIZABETH J HYRE	SARA ELIZABETH J HYRE			

Firm's name ▶ CLARK NUBER PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307012411

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Ellensburg Christian School

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 426

City or town, state or country, and ZIP + 4
Ellensburg, WA 989260426

D Employer identification number
91-1484534

E Telephone number
(509) 925-2411

G Gross receipts $ 844,206

F Name and address of principal officer
Dan Ritchie
PO Box 426
Ellensburg, WA 98926

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www ellensburgchristian org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Ellensburg Christian School provides a christian based education to students ranging from kindergarten to 9th grade Ellensburg Christian School provides a christian based education to students ranging from kindergarten to 9th grade

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	74,458	75,914
	9	Program service revenue (Part VIII, line 2g)	396,321	433,466
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29	28
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,013	76,364
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	531,821	585,772
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	101,960	71,753
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	287,693	280,979
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	136,203	154,323
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	525,856	507,055
	19	Revenue less expenses Subtract line 18 from line 12	5,965	78,717

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,096,733	1,167,857
	21	Total liabilities (Part X, line 26)	390,081	382,488
	22	Net assets or fund balances Subtract line 21 from line 20	706,652	785,369

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-03
Signature of officer | Date

Dan Ritchie President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Scott Pernaa	Scott Pernaa	2011-11-03		

Firm's name ▶ Scott E Pernaa CPA PC | Firm's EIN ▶

Firm's address ▶ PO Box 919
Ellensburg, WA 98926 | Phone no ▶ (509) 933-1065

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136059642

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EMERALD HEIGHTS ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1420 NW GILMAN BLVD NO 2

City or town, state or country, and ZIP + 4
ISSAQUAH, WA 98027

D Employer identification number
91-1598587

E Telephone number
(425) 643-1671

G Gross receipts $ 874,683

F Name and address of principal officer
BARBARA HAIR
1420 NW GILMAN BLVD NO 2
ISSAQUAH, WA 98027

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW EMERALDHEIGHTS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATION FOR PRE-KINDERGARTEN THROUGH 8TH GRADE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	205,389	172,519
	9	Program service revenue (Part VIII, line 2g)	500,212	537,999
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213	133
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,042	-4,637
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	687,772	706,014
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,816	62,654
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	469,732	416,885
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶19,871		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	191,586	190,850
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	710,134	670,389
	19	Revenue less expenses Subtract line 18 from line 12	-22,362	35,625

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	133,848	169,676
	21	Total liabilities (Part X, line 26)	129	129
	22	Net assets or fund balances Subtract line 21 from line 20	133,719	169,547

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-15
Signature of officer | Date

KEVIN O'NEILL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
SARA ELIZABETH J HYRE	SARA ELIZABETH J HYRE			

Firm's name ▶ CLARK NUBER PS | Firm's EIN ▶

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

EXTENSTION GRANTED UNTIL JUNE 15, 2012

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning AUGUST 1 , 2010, and ending JULY 31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: EVERETT CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 2221 CEDAR STREET | Room/suite

City or town, state or country, and ZIP + 4: EVERETT WA 98201-2534

D Employer identification number: 91-0637873

E Telephone number: 425-259-3213

G Gross receipts $ 481,760

F Name and address of principal officer: HARMEN L. DEJONG
2221 CEDAR STREET EVERETT WA 98201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.EVERETTCHRISTIAN.ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ELEMENTARY EDUCATION
PROVIDE A COMPLETE EDUCATION FOR CHILDREN IN GRADES PRESCHOOL - 8TH GRADE. PROGRAM FULLY COMPLIES WITH ALL STATE REQUIREMENTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	36,143	68,212
	9	Program service revenue (Part VIII, line 2g)	314,742	387,078
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,700	485
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,447	25,985
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	387,033	481,760
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	358,085	369,206
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	3,747
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,747		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	39,231	65,378
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	423,341	438,331
	19	Revenue less expenses. Subtract line 18 from line 12	(36,309)	43,429

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	933,820	1,006,948
	21	Total liabilities (Part X, line 26)	22,511	52,209
	22	Net assets or fund balances. Subtract line 21 from line 20	911,309	954,738

RECEIVED JUN 19 2012 OGDEN, UT IRS-OSC

SCANNED JUL 05 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 15-June-2012

▶ Harmen DeJong Board Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

8068 03/08/2012 4 33 PM

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08/01/10 , and ending 07/31/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Highland Christian Schools

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 135 South French Street | Room/suite

City or town, state or country, and ZIP + 4: Arlington WA 98223

D Employer identification number: 91-1493348

E Telephone number: 360-403-8351

G Gross receipts $ 611,353

F Name and address of principal officer:
Ingrid Huff-Shaw
135 South French Street
Arlington WA 98223

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.highlandchristianschools.org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1990

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide christian education for students in grades K-12.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	58,795	45,784
9 Program service revenue (Part VIII, line 2g)	606,606	515,008
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,577	11
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,383	34,210
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	729,361	595,013
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	507,415	385,243
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	218,190	141,508
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	725,605	526,751
19 Revenue less expenses Subtract line 18 from line 12	3,756	68,262

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	110,279	112,223
21 Total liabilities (Part X, line 26)	114,853	48,535
22 Net assets or fund balances Subtract line 21 from line 20	-4,574	63,688

RECEIVED MAR 19 2012 OGDEN, UT IRS-OSC

SCANNED MAR 23 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Ingrid Huff-Shaw — Signature of officer — Date 3/13/12

▶ INGRID HUFF-SHAW, TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Mark C. Danta	Mark C. Danta	03/08/12		P00143298

Firm's name ▶ Danta, Chase & Co., CPA's, PS — Firm's EIN ▶ 91-1537781

Firm's address ▶ 225 N. Olympic Avenue, Arlington, WA 98223 — Phone no 360-435-0612

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

G17

Form **990** (2010)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228013032

Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ISLAND CHRISTIAN ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1048

City or town, state or country, and ZIP + 4
LANGLEY, WA 98260

D Employer identification number
26-2474316

E Telephone number

G Gross receipts $ 355,029

F Name and address of principal officer
KAREN NORTON
3740 SHOREWOOD AVE
GREENBANK, WA 98253

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ ISLANDCHRISTIANACADEMY COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2008

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ISLAND CHRISTIAN ACADEMY IS COMMITTED TO BUILDING A STRONG BIBLICAL, SPIRITUAL, ETHICAL, AND ACADEMIC FOUNDATION IN STUDENTS K THROUGH 12 THE SCHOOL IS COMMITTED TO CREATING IN STUDENTS AN AWARENESS OF THEIR SIGNIFICANCE AND VALUE TO GOD, THEREBY INSTILLING IN EACH STUDENT A DESIRE FOR HIGH STANDARDS AND EXCELLENCE IN EVERY ASPECT OF LIFE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	58,286	55,108
	9	Program service revenue (Part VIII, line 2g)	282,958	298,418
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72	1,474
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	341,316	355,029
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	236,103	269,196
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,215	91,958
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	312,318	361,154
	19	Revenue less expenses Subtract line 18 from line 12	28,998	-6,125

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	54,104	40,026
	21	Total liabilities (Part X, line 26)	20,830	53
	22	Net assets or fund balances Subtract line 21 from line 20	33,274	39,973

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-15
Signature of officer | Date

GLORIA MILHOLLAND VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☑	Preparer's taxpayer identification number (see instructions)
MICHAEL OLNEY	2012-08-14		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MICHAEL D OLNEY CPA
1268 DINES POINT RD
GREENBANK, WA 982539735

EIN ▶

Phone no ▶ (360) 222-3427

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
Jubilee Academy
dba Jubilee Youth Ranch

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
29 Jubilee Circle

City or town, state or country, and ZIP + 4
Prescott, WA 99348

D Employer identification number
51-0505773

E Telephone number
509-749-2103

G Gross receipts $ 2,124,897.

F Name and address of principal officer Rick Griffin
same as C above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status. [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.jyranch.org

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1993 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities Operates a Christian school reaching out to students unsuccessful in the mainstream school

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	62
6	Total number of volunteers (estimate if necessary)	6	113
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,849,875.	1,987,483.
	9	Program service revenue (Part VIII, line 2g)	156,426.	137,226.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	188.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,006,301.	2,124,897.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,034,345.	1,395,261.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,033.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	836,063.	596,763.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,870,408.	1,992,024.
	19	Revenue less expenses. Subtract line 18 from line 12	135,893.	132,873.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	335,105.	442,793.
	21	Total liabilities (Part X, line 26)	95,979.	70,794.
	22	Net assets or fund balances Subtract line 21 from line 20	239,126.	371,999.

RECEIVED NOV 2 0 2011 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 12-22-2011

▶ Rick Griffin, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Sandra R. Gamble	Sandra Gamble	11/16/11		

Firm's name ▶ Northwest CPA Group PLLC — Firm's EIN ▶

Firm's address ▶ 1333 Columbia Park Trail, Ste 210
Richland, WA 99352 — Phone no. (509) 735-1300

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

See Schedule O for Organization Mission Statement Continuation

24 6610

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 **, 2010, and ending** 6/30 **, 2011**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

KINGSPOINT CHRISTIAN SCHOOL
7900 COURT STREET
PASCO, WA 99301

D Employer Identification Number: 91-1736366

E Telephone number: (509) 547-6498

G Gross receipts $ 844,478.

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization [ ] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OPERATIONS OF PRIVATE CHRISTIAN K-12 SCHOOL

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	42
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	56,897.	71,007.
	9	Program service revenue (Part VIII, line 2g)	662,999.	721,449.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,983.	1,570.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,954.	35,989.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	761,833.	830,015.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	539,769.	592,024.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 36,842.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	186,295.	206,884.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	726,064.	798,908.
	19	Revenue less expenses. Subtract line 18 from line 12	35,769.	31,107.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	662,077.	702,876.
	21	Total liabilities (Part X, line 26)	81,698.	91,390.
	22	Net assets or fund balances. Subtract line 21 from line 20	580,379.	611,486.

RECEIVED OCT 17 2011 OGDEN, UT IRS-OSC

SCANNED NOV 07 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 10/13/11

Warren L Brown — WARREN L BROWN BOARD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
RONALD J. PERKINS, CPA	Ronald J Perkins	9/22/11		P00156410

Firm's name ► RONALD J PERKINS, CPA
Firm's address ► 3616 WEST COURT STREET, SUITE G
PASCO, WA 99301

Firm's EIN ► 41-2176799
Phone no (509) 542-9700

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

90-17

2

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LIBERTY CHRISTIAN SCHOOL
OF THE TRI-CITIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2200 WILLIAMS BLVD

City or town, state or country, and ZIP + 4
RICHLAND, WA 99354

D Employer identification number
91-1114491

E Telephone number
(509) 946-0602

G Gross receipts $ 2,715,755

F Name and address of principal officer
JOSEPH MORGAN
700 N MONTANA PLACE
KENNEWICK, WA 99336

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www libertychristian net

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE BIBLICALLY BASED EDUCATION TO ELEMENTARY AND SECONDARY STUDENTS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	92
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,550
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,550

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	338,701	216,864
	9	Program service revenue (Part VIII, line 2g)	2,565,629	2,370,145
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,081	-2,652
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,503	88,625
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,973,752	2,672,982
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,500	1,750
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,928,964	1,637,284
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶51,680		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,097,278	870,760
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,028,742	2,509,794
	19	Revenue less expenses Subtract line 18 from line 12	-54,990	163,188

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,812,945	3,929,417
	21	Total liabilities (Part X, line 26)	2,557,437	2,507,547
	22	Net assets or fund balances Subtract line 21 from line 20	1,255,508	1,421,870

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2011-10-26
Signature of officer | Date

▶ JOSEPH MORGAN SUPERINTENDANT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Brent Mickelsen	Brent Mickelsen			

Firm's name ▶ Blodgett Mickelsen & Naef PS | Firm's EIN ▶

Firm's address ▶ 8203 W Quinault Ave Ste 800
Kennewick, WA 99336 | Phone no ▶ (509) 735-0379

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136080222

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LIGHTHOUSE CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3008 36TH STREET NW

City or town, state or country, and ZIP + 4
GIG HARBOR, WA 98335

D Employer identification number
91-1637244

E Telephone number
(253) 858-5962

G Gross receipts $ 2,842,086

F Name and address of principal officer
STEPHEN RODDY
3008 36TH ST NW
GIG HARBOR, WA 98335

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LCSCHOOL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE A BALANCED EDUCATION, BY MAINTAINING THE HIGHEST SCHOLASTIC AND SPIRITUAL STANDARDS POSSIBLE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	79
6	Total number of volunteers (estimate if necessary)	6	93
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,139,413	551,489
	9	Program service revenue (Part VIII, line 2g)	1,927,325	2,066,549
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,216	4,975
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,602	198,630
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,268,556	2,821,643
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,639,076	1,745,028
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶24,283		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	956,584	1,027,002
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,595,660	2,772,030
	19	Revenue less expenses Subtract line 18 from line 12	672,896	49,613

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,944,652	9,954,352
	21	Total liabilities (Part X, line 26)	2,978,923	2,920,969
	22	Net assets or fund balances Subtract line 21 from line 20	6,965,729	7,033,383

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-11
Signature of officer | Date

MARK SOUPISET BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
MICHAEL MCCRABB	MICHAEL MCCRABB			

Firm's name ▶ JOHNSON STONE & PAGANO PS | Firm's EIN ▶

Firm's address ▶ 1501 REGENTS BLVD SUITE 100
FIRCREST, WA 98466 | Phone no ▶ (253) 566-7070

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

EXTENSION GRANTED TO 04/15/12

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning SEP 1, 2010 **and ending** AUG 31, 2011

B Check if applicable: [ ] Address change [X] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: LYNDEN CHRISTIAN SCHOOL

Doing Business As

Number and street (or P.O box if mail is not delivered to street address): 417 LYNCS DRIVE — Room/suite

City or town, state or country, and ZIP + 4: LYNDEN, WA 98264

D Employer identification number 91-0662879

E Telephone number 360-318-9525

G Gross receipts $ 8,065,889.

F Name and address of principal officer: KEITH KORTHUIS, SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ LYNCS.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1910 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDING CHRISTIAN INSTRUCTION TO CHILDREN

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	254
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	706,460.	1,117,015.
	9	Program service revenue (Part VIII, line 2g)	5,904,318.	5,965,671.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,019.	11,064.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	737,504.	972,139.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,364,301.	8,065,889.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,233,144.	5,396,478.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	901.	2,075.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,895.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,614,231.	1,517,596.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,848,276.	6,916,149.
	19	Revenue less expenses. Subtract line 18 from line 12	516,025.	1,149,740.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,429,685.	20,581,134.
	21	Total liabilities (Part X, line 26)	9,235,431.	9,237,140.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,194,254.	11,343,994.

RECEIVED FEB 08 2012 OGDEN, UT IRS-OSC

SCANNED MAR 01 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 2/6/2012

▶ KEITH KORTHUIS, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JOSH TURRELL, CPA		2/3/12		

Firm's name ▶ LARSON GROSS P.L.L.C. — Firm's EIN ▶

Firm's address ▶ 1616 CORNWALL AVENUE, SUITE 205, BELLINGHAM, WA 98225 — Phone no (360) 734-4280

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135065012

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
METROPOLITAN SEATTLE JEWISH DAY SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
15749 NE 4TH STREET

City or town, state or country, and ZIP + 4
BELLEVUE, WA 980084317

D Employer identification number
91-1085790

E Telephone number
(425)460-0200

G Gross receipts $ 5,647,466

F Name and address of principal officer
MARIA ERLITZ
15749 NE 4TH STREET
BELLEVUE, WA 980084317

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JDS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PRIVATE SCHOOL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	96
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,043,266	2,451,119
	9	Program service revenue (Part VIII, line 2g)	2,979,580	2,811,330
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,910	86,364
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,583	172,266
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,253,339	5,521,079
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,379,674	3,337,266
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶260,771		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,440,482	1,485,129
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,820,156	4,822,395
	19	Revenue less expenses Subtract line 18 from line 12	433,183	698,684

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,001,732	22,458,275
	21	Total liabilities (Part X, line 26)	12,799,201	8,557,060
	22	Net assets or fund balances Subtract line 21 from line 20	13,202,531	13,901,215

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-14
Signature of officer | Date

MICHAEL GARDNER DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
STEVEN B BASS	STEVEN B BASS	2012-05-14		

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶

Firm's address ▶ 3000 NORTHUP WAY SUITE 200
BELLEVUE, WA 980041446 | Phone no ▶ (425) 250-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUN 1, 2010 **and ending** MAY 31, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: MONROE CHRISTIAN SCHOOL SOCIETY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1009 W MAIN STREET — Room/suite

City or town, state or country, and ZIP + 4: MONROE, WA 98272-2017

D Employer identification number: 91-0653991

E Telephone number: 360-794-8200

G Gross receipts $ 865,061.

F Name and address of principal officer: KRAIG KLINGSHEIM, SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MONROECHRISTIAN.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1954 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: K THRU 8TH GRADE EDUCATION

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,060.	61,843.
	9	Program service revenue (Part VIII, line 2g)	699,446.	729,056.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374.	181.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,865.	57,073.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	796,745.	848,153.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	555,266.	552,932.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,263.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	256,467.	241,089.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	811,733.	794,021.
	19	Revenue less expenses. Subtract line 18 from line 12	<14,988.>	54,132.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,626,728.	1,650,156.
	21	Total liabilities (Part X, line 26)	1,290,110.	1,259,406.
	22	Net assets or fund balances. Subtract line 21 from line 20	336,618.	390,750.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 10/24/11

▶ SUSAN DAVIS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL QUACKENBUSH, CPA — Preparer's signature — Date 10/24/11 — Check [ ] if self-employed — PTIN

Firm's name ▶ QUACKENBUSH & HANSEN CPAS, PLLC — Firm's EIN ▶

Firm's address ▶ P.O. BOX 625, MONROE, WA 98272 — Phone no. 360-863-8689

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED NOV 02 2011
RECEIVED OCT 28 2011 OGDEN, UT IRS-OSC

90-16 15

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307011411

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOSES LAKE CHRISTIAN ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1475 E NELSON RD

City or town, state or country, and ZIP + 4
MOSES LAKE, WA 98837

D Employer identification number
91-2056287

E Telephone number
(509) 765-9704

G Gross receipts $ 1,240,572

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ mlca us

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide quality Christ-Centered education in partnership with the home and church that prepares students as lifelong learners to fulfill the Great Commission in diverse vocations with all their heart, soul, mind, and strength

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	44
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	287,137	271,191
	9	Program service revenue (Part VIII, line 2g)	901,975	897,163
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208	491
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,266	61,582
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,238,586	1,230,427
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,350	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	908,625	725,961
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	508,955	517,898
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,421,930	1,243,859
	19	Revenue less expenses Subtract line 18 from line 12	-183,344	-13,432

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,111,954	3,046,785
	21	Total liabilities (Part X, line 26)	2,847,860	2,796,123
	22	Net assets or fund balances Subtract line 21 from line 20	264,094	250,662

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2011-11-03
Signature of officer | Date

Heather Messer President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Richard Q Honsowetz	Richard Q Honsowetz			

Firm's name ▶ LarsonAllen LLP | Firm's EIN ▶

Firm's address ▶ 1350 S Pioneer Way
Moses Lake, WA 988372410 | Phone no ▶ (509) 765-1281

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Mount Vernon Christian School

Doing Business As

Number and street (or P O. box if mail is not delivered to street address): 820 W Blackburn Road | Room/suite

City or town, state or country, and ZIP + 4: Mount Vernon, WA 98273

D Employer identification number: 91-0686703

E Telephone number: 360 424-9157

G Gross receipts $ 3,097,415

F Name and address of principal officer: Mark Dye, 709 Quinnat Drive, Burlington, WA 98233

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.mvcwa.com

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1952

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Operating a Christian Preschool, Elementary, and Secondary School serving 319 students

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	72
6	Total number of volunteers (estimate if necessary)	6	168
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	727,728	867,483
	9	Program service revenue (Part VIII, line 2g)	1,710,447	1,766,647
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,145	4,485
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,515	90,149
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,538,835	2,728,764
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,467,611	1,577,698
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		4,300
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,556		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	822,927	757,753
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,290,538	2,339,751
	19	Revenue less expenses. Subtract line 18 from line 12	248,297	389,013
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,000,411	8,939,000
	21	Total liabilities (Part X, line 26)	4,794,702	4,344,278
	22	Net assets or fund balances. Subtract line 21 from line 20	4,205,709	4,594,722

RECEIVED 2012 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Sheila R. Daut — Signature of officer — Date 5-15-12

▶ Sheila R. Daut, Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED JUN 25 2012

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW LIFE CHRISTIAN SCHOOL OF EPHRATA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
911 EAST DIVISION

City or town, state or country, and ZIP + 4
EPHRATA, WA 98823

D Employer identification number
91-0587515

E Telephone number
(509) 754-5558

G Gross receipts $ 473,454

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
NON-DENOMINATIONAL CHRISTIAN SCHOOL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	79,286	71,607
	9	Program service revenue (Part VIII, line 2g)	396,779	339,340
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,602	59,579
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	531,667	470,526
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	428,963	364,192
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	161,668	98,819
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	590,631	463,011
	19	Revenue less expenses Subtract line 18 from line 12	-58,964	7,515

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	169,665	197,207
	21	Total liabilities (Part X, line 26)	92,403	112,430
	22	Net assets or fund balances Subtract line 21 from line 20	77,262	84,777

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-14
Signature of officer | Date

▶ DAVID PLAGERMAN President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
John S Friend	John S Friend			

Firm's name ▶ CliftonLarsonAllen LLP | Firm's EIN ▶

Firm's address ▶ 1350 S Pioneer Way
Moses Lake, WA 988372410 | Phone no ▶ (509) 765-1281

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493090007152

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Northwest Christian Schools

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5104 E Bernhill Road

City or town, state or country, and ZIP + 4
Colbert, WA 99005

D Employer identification number
91-0601566

E Telephone number
(509) 238-4005

G Gross receipts $ 6,177,576

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ http //www nwcs org/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Education

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	210
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	785,573	231,152
	9	Program service revenue (Part VIII, line 2g)	3,336,889	3,307,960
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,078	58,676
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,249,528	1,163,364
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,420,068	4,761,152
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,225,484	3,042,190
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶143,874		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,598,554	1,711,160
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,824,038	4,753,350
	19	Revenue less expenses Subtract line 18 from line 12	596,030	7,802

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	17,965,432	24,683,778
	21	Total liabilities (Part X, line 26)	9,475,751	16,093,672
	22	Net assets or fund balances Subtract line 21 from line 20	8,489,681	8,590,106

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-30
Signature of officer | Date

Maralee Greer Business Manager
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Dan J Frickle CPA	Dan J Frickle CPA			

Firm's name ▶ ANASTASI & MOORE PLLC | Firm's EIN ▶

Firm's address ▶ 104 S Division
Spokane, WA 99202 | Phone no ▶ (509) 323-0272

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

NORT5815 01/12/2012 2 14 PM

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable.
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Northwest Yeshiva High School

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 5017 90th Avenue SE — Room/suite

City or town, state or country, and ZIP + 4: Mercer Island WA 98040

D Employer identification number: 91-1045815

E Telephone number: 206-232-5272

G Gross receipts $ 2,633,950

F Name and address of principal officer:

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.nyhs.com

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Northwest Yeshiva High School is a private institution providing education to approximately 95 Jewish students in Grade 9 through 12.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	62
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	2,946,701	2,572,798
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,333	27,970
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,344	33,182
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,991,378	2,633,950
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	346,639	370,871
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,086,015	1,930,713
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,171		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	405,218	314,358
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,837,872	2,615,942
19 Revenue less expenses Subtract line 18 from line 12	153,506	18,008
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	2,657,905	2,773,650
21 Total liabilities (Part X, line 26)	433,990	446,911
22 Net assets or fund balances. Subtract line 21 from line 20	2,223,915	2,326,739

RECEIVED FEB 13 2012 OGDEN, UT IRS-OSC

SCANNED FEB 27 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 2/7/12

▶ PAT Young
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Peter J Russell	Peter J Russell	01/12/12		P01563137

Firm's name ▶ HABIB, ZILLEN, & RUSSELL PS — Firm's EIN ▶ 91-2090016

Firm's address ▶ 1220 116TH AVENUE NE, SUITE 201 BELLEVUE, WA 98004 — Phone no 425-451-2100

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

5216

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Oak Harbor Christian School Society

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 675 E. Whidbey Avenue | Room/suite

City or town, state or country, and ZIP + 4: Oak Harbor WA 98277

D Employer identification number: 91-0666310

E Telephone number: 360-675-2831

G Gross receipts $ 853,066

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ oakharborchristian.org

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PRIVATE PRESCHOOL THROUGH 8TH GRADE

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	42
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	82,527	15,422
9 Program service revenue (Part VIII, line 2g)	815,672	749,423
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179	185
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,741	86,892
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	974,119	851,922
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	710,370	700,022
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	119,610	109,452
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	829,980	809,474
19 Revenue less expenses Subtract line 18 from line 12	144,139	42,448
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	1,650,535	1,679,939
21 Total liabilities (Part X, line 26)	189,273	176,229
22 Net assets or fund balances Subtract line 21 from line 20	1,461,262	1,503,710

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JAN 17 2012
OGDEN, UT
IRS-OSC

SCANNED JAN 23 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: Stephen M. Thompson — Date: JAN 10, 2012

Type or print name and title: Stephen M. Thompson, Board President/Secretary

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ This tax return prepared by a non-paid preparer. | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2010)

189

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493061020052

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
OAKS EDUCATION ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2303 S BOWDISH

City or town, state or country, and ZIP + 4
SPOKANE VALLEY, WA 99206

D Employer identification number
91-1740296

E Telephone number
(509) 536-5955

G Gross receipts $ 1,763,242

F Name and address of principal officer
TOM LEWIS
104 W 36TH AVE
SPOKANE, WA 99203

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW THEOAKSCCA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE PRIVATE RELIGIOUS EDUCATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	135,681	168,563
	9	Program service revenue (Part VIII, line 2g)	1,381,917	1,500,625
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,509	-333
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,585	75,332
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,610,692	1,744,187
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,271,415	1,326,690
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶96,071		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	466,558	403,455
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,737,973	1,730,145
	19	Revenue less expenses Subtract line 18 from line 12	-127,281	14,042

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	663,533	694,358
	21	Total liabilities (Part X, line 26)	339,898	356,681
	22	Net assets or fund balances Subtract line 21 from line 20	323,635	337,677

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-03-01

▶ TOM LEWIS TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
JOHN F DIERDORFF	JOHN F DIERDORFF	2012-03-01		

Firm's name ▶ BDSW PLLC — Firm's EIN ▶

Firm's address ▶ 140 S ARTHUR ST SUITE 510 SPOKANE, WA 992022260 — Phone no ▶ (509) 464-0888

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101000182

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PACIFIC CHRISTIAN ACADEMY

Doing Business As
CHRISTIAN FAITH SCHOOL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
33645 20TH AVE S

City or town, state or country, and ZIP + 4
FEDERAL WAY, WA 98003

D Employer identification number
27-0430776

E Telephone number

G Gross receipts $ 1,903,250

F Name and address of principal officer
TOM PUDDY
33645 20TH AVE S
FEDERAL WAY, WA 98003

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHRISTIANFAITHSCHOOL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2009

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CHRISTIAN FAITH SCHOOL OFFERS STUDENTS A SUPERIOR BIBLE-BASED EDUCATION THAT EQUIPS THEM TO BE SOCIALLY RELEVANT AND FULLY PREPARED FOR HIGHER ACHIEVEMENT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	51
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,158	56,597
	9	Program service revenue (Part VIII, line 2g)	1,729,561	1,759,836
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,803	32,161
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,843,522	1,848,594
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,824	38,957
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,337,070	1,283,013
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	396,567	449,983
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,785,461	1,771,953
	19	Revenue less expenses Subtract line 18 from line 12	58,061	76,641

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	419,145	614,261
	21	Total liabilities (Part X, line 26)	361,084	467,177
	22	Net assets or fund balances Subtract line 21 from line 20	58,061	147,084

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-04-08

▶ STEPHANIE POND BUSINESS MANAGER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
JULIE COURTNEY	JULIE COURTNEY	2012-04-09		

Firm's name ▶ SHANNON & ASSOCIATES LLP — Firm's EIN ▶

Firm's address ▶ 1851 CENTRAL PLACE SOUTH SUITE 225 KENT, WA 980307507 — Phone no ▶ (253) 852-8500

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [X] Address change; [ ] Name change; [ ] Initial return; [ ] Terminated; [ ] Amended return; [ ] Application pending

C Name of organization: Pope John Paul II High School

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 5608 Pacific Avenue SE — Room/suite

City or town, state or country, and ZIP + 4: Lacey, WA 98503-1258

D Employer identification number: 20-2120915

E Telephone number: 360-438-7600

G Gross receipts $ 1,891,555.

F Name and address of principal officer: Dr. Jay Rudd, 5608 Pacific Ave SE, Lacey, WA 98503-1258

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.popejp2hs.org

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2005 M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Establish a Catholic High School serving the South Puget Sound of Washington. (Continued on Sch O).

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	785,240.	1,710,557.
	9	Program service revenue (Part VIII, line 2g)	10,345.	150,589.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<338,338.>	1,444.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,137.	12,253.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	464,384.	1,874,843.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	343,984.	493,036.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 121,053.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	271,275.	442,668.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	625,259.	935,704.
	19	Revenue less expenses Subtract line 18 from line 12	<160,875.>	939,139.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	487,747.	1,459,170.
	21	Total liabilities (Part X, line 26)	465,562.	497,847.
	22	Net assets or fund balances Subtract line 21 from line 20	22,185.	961,323.

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OGDEN, UT

SCANNED APR 17 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 3-29-12

▶ Dr. Jay Rudd
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: David A. Coates, CPA — Preparer's signature: David A. Coates CPA — Date 03/22/12 — Check [ ] if self-employed — PTIN

Firm's name ▶ Frost & Company, P.S. — Firm's EIN ▶

Firm's address ▶ P O Box 7609, Olympia, WA 98507-7609 — Phone no. (360) 786-8080

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

See Schedule O for Organization Mission Statement Continuation

10
9-16

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: PROVIDENCE CLASSICAL CHRISTIAN SCHOOL
Doing Business As
Number and street (or P O box if mail is not delivered to street addr): 21500 CYPRESS WAY
Room/suite
City, town or country: LYNNWOOD
State: WA ZIP code + 4: 98036

D Employer Identification Number: 91-1677725

E Telephone number: (425) 774-6622

G Gross receipts $ 1,380,489.

F Name and address of principal officer: CHRIS BUTAUD 21500 CYPRESS WAY LYNNWOOD WA 98036

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.pccs.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PARTNER WITH CHRISTIAN PARENTS IN EDUCATING THEIR CHILDREN, IN THE CLASSICAL TRADITION, TO THINK AND ACT BIBLICALLY AND TO PURSUE ACADEMIC EXCELLENCE IN JOYFUL SUBMISSION TO THE LORD JESUS CHRIST

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	272,465.	237,870.
	9	Program service revenue (Part VIII, line 2g)	959,373.	1,074,163.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84.	124.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-51,997.	-43,957.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,179,925.	1,268,200.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	916,169.	931,836.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 93,155.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	343,640.	389,032.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,259,809.	1,320,868.
	19	Revenue less expenses Subtract line 18 from line 12	-79,884.	-52,668.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	294,290.	276,116.
	21	Total liabilities (Part X, line 26)	320,855.	355,351.
	22	Net assets or fund balances Subtract line 21 from line 20	-26,565.	-79,235.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 5/9/12

► CHRIS BUTAUD, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY KEY		4/26/12		P01599973

Firm's name ► KAS Inc
Firm's address ► PO Box 12793
Mill Creek WA 98082
Firm's EIN ► 27-1926109
Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/25/11 Form **990** (2010)

SCANNED JUN 11 2012

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

PUGET SOUND CHRISTIAN SCHOOL
1740 S. 84TH STREET
TACOMA, WA 98444

D Employer Identification Number: 91-1271371

E Telephone number: (253) 576-6785

G Gross receipts $ 526,274.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities PRIVATE CHRISTIAN EDUCATION AND DAYCARE SERVICES.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,044.	1,806.
	9	Program service revenue (Part VIII, line 2g)	392,215.	472,028.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,624.	35,379.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	430,883.	509,213.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	377,924.	372,788.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	84,375.	103,075.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	462,299.	475,863.
	19	Revenue less expenses Subtract line 18 from line 12	-31,416.	33,350.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	86,101.	119,943.
	21	Total liabilities (Part X, line 26)	27,487.	27,979.
	22	Net assets or fund balances Subtract line 21 from line 20	58,614.	91,964.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Vice Chairman — Date 2-17-12

► RYAN BALTAZAR, CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD R. BELL, JR.	DONALD R. BELL, JR.	2/15/12		N/A

Firm's name ► BELL & FUTCH, PLLC
Firm's address ► 8705 CANYON ROAD E., SUITE A
PUYALLUP, WA 98371

Firm's EIN ► N/A

Phone no (253) 539-8379

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10 Form **990** (2010)

SCANNED MAR 19 2012

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Christian Enterprises
dba Rainier Christian Schools

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 58249

City or town, state or country, and ZIP + 4
Renton, WA 980581249

D Employer identification number
91-0758375

E Telephone number
(425) 235-7273

G Gross receipts $ 6,714,138

F Name and address of principal officer
Kim Pratt
PO Box 58249
Renton, WA 98058

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www rainierchristianschools org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To establish, maintain, and operate Christian schools and/or other related institutions in order to communicate and promote the Gospel of Jesus Christ

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	191
6	Total number of volunteers (estimate if necessary)	6	343
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	317,838	229,399
	9	Program service revenue (Part VIII, line 2g)	6,072,788	6,181,916
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,447	300
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,928	139,450
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,505,001	6,551,065
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	963,184	1,163,418
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,766,578	3,734,241
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶24,974		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,476,969	1,683,391
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,206,731	6,581,050
	19	Revenue less expenses Subtract line 18 from line 12	298,270	-29,985

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,745,810	3,466,299
	21	Total liabilities (Part X, line 26)	2,738,961	2,480,455
	22	Net assets or fund balances Subtract line 21 from line 20	1,006,849	985,844

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-03-22
Signature of officer | Date

Kim Pratt Chairman
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Todd Roan CPA	Todd Roan CPA			

Firm's name ▶ Battershell & Nichols PS | Firm's EIN ▶

Firm's address ▶ 33507 9th Ave S Ste C-1
Federal Way, WA 98003 | Phone no ▶ (253) 839-1620

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: The River Academy

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 4485 | Room/suite

City or town, state or country, and ZIP + 4: Wenatchee, WA 98807

D Employer identification number: 91-1874303

E Telephone number: (509)665-2415

G Gross receipts $ 965,290.

F Name and address of principal officer: Eric DeVries
PO Box 4485, Wenatchee, WA 98801

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ http://www.theriveracademy.org/

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [X] Other ▶ School

L Year of formation: 1998

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide a classical and Christian model education for K-12 in North Central Washington.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	33
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	92,872.	203,607.
	9	Program service revenue (Part VIII, line 2g)	746,627.	719,357.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	424.	550.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,739.	26,275.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	896,662.	949,789.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	650,917.	681,224.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,616.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	248,771.	204,834.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	899,688.	886,058.
	19	Revenue less expenses Subtract line 18 from line 12	<3,026.>	63,731.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	58,930.	131,128.
	21	Total liabilities (Part X, line 26)	11,220.	19,687.
	22	Net assets or fund balances. Subtract line 21 from line 20	47,710.	111,441.

SCANNED NOV 17 2011

RECEIVED OCT 2011 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 10/20/2011

▶ Eric DeVries, Headmaster
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Kristine Loomis, CPA	Kristine Loomis CPA	10/16/2011		

Firm's name ▶ Cordell, Neher & Company, P.L.L.C. — Firm's EIN ▶

Firm's address ▶ P.O. Box 3068
Wenatchee, WA 98807-3068 — Phone no. 509-663-1661

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

G16 M

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RIVERSIDE CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
721 KEYS ROAD

City or town, state or country, and ZIP + 4
YAKIMA, WA 98901

D Employer identification number
91-1560552

E Telephone number
(509) 965-2602

G Gross receipts $ 3,098,513

F Name and address of principal officer
DAVID BROWN
721 KEYS ROAD
YAKIMA, WA 98901

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RIVERSIDECHRISTIANSCHOOL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
RIVERSIDE CHRISTIAN SCHOOL EXISTS TO PREPARE STUDENTS WITH THE BEST WELL ROUNDED EDUCATION POSSIBLE THEY ARE PREPARED TO ENROLL IN THE COLLEGE OF THEIR CHOICE AND SERVE THEIR COMMUNITY AND WORLD THROUGH LEADERSHIP AND CHARACTER

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	217
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	217
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	129
6	Total number of volunteers (estimate if necessary)	6	375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	323,536	335,621
	9	Program service revenue (Part VIII, line 2g)	2,498,451	2,503,470
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,859	242
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,747	131,301
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,030,593	2,970,634
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,178,128	2,283,945
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶40,505		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	656,904	721,254
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,835,032	3,005,199
	19	Revenue less expenses Subtract line 18 from line 12	195,561	-34,565
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,355,944	4,180,102
	21	Total liabilities (Part X, line 26)	1,440,510	1,299,233
	22	Net assets or fund balances Subtract line 21 from line 20	2,915,434	2,880,869

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-01-09
Signature of officer | Date

DAVID BROWN BOARD CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
PAUL G NEIFFER	PAUL G NEIFFER	2012-05-15		

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶

Firm's address ▶ 610 NORTH 39TH AVENUE
YAKIMA, WA 98902 | Phone no ▶ (509) 823-2910

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1 , 2010, and ending June 30 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Sammamish Christian School & Noah's Ark Preschool

Doing Business As

Number and street (or P.O box if mail is not delivered to street address): 4221 228th Ave SE — Room/suite: Ste B

City or town, state or country, and ZIP + 4: Issaquah, WA 98029

D Employer identification number: 91-2157920

E Telephone number: 425-392-7470

G Gross receipts $ 798,048

F Name and address of principal officer: Larry Froeber, Board President

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ scsna.org

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ LLC

L Year of formation 2002

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
We provide a Christian preschool and elementary school educational program.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	37887	49776
	9	Program service revenue (Part VIII, line 2g)	725278	706953
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	602	274
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43930	41045
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	807697	798048
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	598436	582966
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	238160	227460
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	836596	810426
	19	Revenue less expenses. Subtract line 18 from line 12	-28899	-12378
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	357777	288786
	21	Total liabilities (Part X, line 26)	117430	60817
	22	Net assets or fund balances. Subtract line 21 from line 20	240347	227969

RECEIVED NOV 2 2011 OGDEN, UT IRS-OSC

SCANNED DEC 23 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 11/15/11

▶ Larry Froeber President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

9-17 20

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SEATTLE CHRISTIAN SCHOOLS ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
18301 MILITARY ROAD S

City or town, state or country, and ZIP + 4
SEATAC, WA 98188

D Employer identification number
91-0655756

E Telephone number
(206) 246-8241

G Gross receipts $ 5,281,042

F Name and address of principal officer
GLORIA HUNTER
18301 MILITARY ROAD S
SEATAC, WA 98188

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SEATTLECHRISTIAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEATTLE CHRISTIAN SCHOOLS (SCS) IS COMMITTED TO PROVIDING A PREMIER, CHRIST-CENTERED EDUCATION FOR K-12 STUDENTS BLESSED WITH A LEGACY OF OVER 60 YEARS OF GOD'S PROVISION AND LEADING, STUDENTS BENEFIT FROM AN UNPARALLELED EDUCATIONAL EXPERIENCE WE OFFER EXCEPTIONAL ATHLETIC PROGRAMS, FINE AND PERFORMING ARTS, ALONG WITH TOP-RATED ACADEMICS OVER 98% OF OUR GRADUATES PURSUE HIGHER EDUCATION BEYOND HIGH SCHOOL THE FACULTY AND STAFF OF SEATTLE CHRISTIAN ARE COMMITTED TO PROVIDING RIGOROUS, RELEVANT INSTRUCTION GROUNDED IN MEANINGFUL, CHRIST-CENTERED RELATIONSHIPS WITH STUDENTS THIS EQUIPS THEM BOTH ACADEMICALLY AND SPIRITUALLY, SO THEY CAN CONFIDENTLY SHARE THE REASON FOR THEIR HOPE AND FAITH IN JESUS SEATTLE CHRISTIAN SEEKS TO PREPARE STUDENTS TO ENGAGE THE CULTURE AND IMPACT THEIR WORLD FOR THE SAKE OF CHRIST

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	148
6	Total number of volunteers (estimate if necessary)	6	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	505,313	423,308
	9	Program service revenue (Part VIII, line 2g)	4,787,198	4,539,043
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,771	71,848
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,133	75,545
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,372,415	5,109,744
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	284,525	203,609
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,871,736	3,706,772
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶150,360		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,556,054	1,507,017
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,712,315	5,417,398
	19	Revenue less expenses Subtract line 18 from line 12	-339,900	-307,654

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,849,691	9,662,275
	21	Total liabilities (Part X, line 26)	652,891	666,903
	22	Net assets or fund balances Subtract line 21 from line 20	9,196,800	8,995,372

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-30
Signature of officer | Date

SUZANNE KUMASAKA TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
RAYMON G HOLMDAHL	RAYMON G HOLMDAHL	2012-05-30		

Firm's name ▶ PETERSON SULLIVAN LLP CPA'S | Firm's EIN ▶

Firm's address ▶ 601 UNION ST STE 2300
SEATTLE, WA 981012345 | Phone no ▶ (206) 382-7777

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136029492

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SEATTLE HEBREW ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1617 INTERLAKEN DRIVE E

City or town, state or country, and ZIP + 4
SEATTLE, WA 98112

D Employer identification number
91-0581660

E Telephone number
(206) 323-5750

G Gross receipts $ 4,235,666

F Name and address of principal officer
DAVE PRUITT
1617 INTERLAKEN DRIVE E
SEATTLE, WA 98112

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SEATTLEHEBREWACADEMY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1921

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO INSTILL IN OUR STUDENTS TORAH VALUES TOWARD THEMSELVES, THE JEWISH PEOPLE, AND THE WORLD AT LARGE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	104
6	Total number of volunteers (estimate if necessary)	6	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,303,490	1,445,230
	9	Program service revenue (Part VIII, line 2g)	2,517,473	2,515,725
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,762	12,026
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,228	67,206
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,993,953	4,040,187
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	729,620	737,177
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,435,654	2,559,287
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶228,169		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,111,400	1,258,995
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,276,674	4,555,459
	19	Revenue less expenses Subtract line 18 from line 12	-282,721	-515,272

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,802,703	9,323,451
	21	Total liabilities (Part X, line 26)	660,403	651,318
	22	Net assets or fund balances Subtract line 21 from line 20	9,142,300	8,672,133

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-04
Signature of officer | Date

GISELLE GREISMAN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name HOWARD DONKIN CPA	Preparer's signature HOWARD DONKIN CPA	Date 2012-05-03	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ JACOBSON JARVIS & CO PLLC				Firm's EIN ▶
Firm's address ▶ 600 STEWART STREET SUITE 1900 SEATTLE, WA 981011219				Phone no ▶ (206) 628-8990

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035172

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHEND JEWISH SCHOOL
DBA SEATTLE JEWISH COMMUNITY SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12351 8TH AVE NE

City or town, state or country, and ZIP + 4
SEATTLE, WA 98125

D Employer identification number
91-1484966

E Telephone number
(206) 522-5212

G Gross receipts $ 2,047,415

F Name and address of principal officer
SHOSHANA K BILAVSKY
12351 8TH AVE NE
SEATTLE, WA 98125

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SJCS NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO OPERATE A PRIVATE SCHOOL SERVING GRADES K-5

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	35
6	Total number of volunteers (estimate if necessary)	6	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	708,917	929,291
	9	Program service revenue (Part VIII, line 2g)	967,853	946,988
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,463	23,345
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,074	126,378
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,805,307	2,026,002
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,167,996	1,303,406
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶195,116		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	652,590	550,138
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,820,586	1,853,544
	19	Revenue less expenses Subtract line 18 from line 12	-15,279	172,458

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,507,623	5,433,725
	21	Total liabilities (Part X, line 26)	3,703,769	3,450,452
	22	Net assets or fund balances Subtract line 21 from line 20	1,803,854	1,983,273

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-09
Signature of officer | Date

▶ STEVEN B BASS HEAD OF SCHOOL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
STEVEN B BASS	STEVEN B BASS	2012-05-09		

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶

Firm's address ▶ 3000 NORTHUP WAY SUITE 200
BELLEVUE, WA 980041446 | Phone no ▶ (425) 250-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

CISFKL2DQ9

Form **990**

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

2010 1106

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Seward Park Jewish Preschool Co-Op
Doing Business As: Torah Day School of Seattle
Number and street (or P O box if mail is not delivered to street address): 3528 South Ferdinand Street
Room/suite:
City or town, state or country, and ZIP + 4: Seattle, WA 98118

D Employer identification number: 73-1652321
E Telephone number: 206-722-1200
G Gross receipts $ 1,211,856

F Name and address of principal officer: Ezra Genauer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.tdsseattle.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Educational Delivery: Maintain Hebrew Day School for the benefit of the Greater Seattle community.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	714,668	755995
	9	Program service revenue (Part VIII, line 2g)	353,501	435,525
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,321	2665
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,114,490	1,211,856
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	833,257	946475
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	236,479	322,540
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,073,797	1,269,015
	19	Revenue less expenses. Subtract line 18 from line 12	40,693	-57,159

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	69,299	72,174
	21	Total liabilities (Part X, line 26)	262,831	333,509
	22	Net assets or fund balances. Subtract line 21 from line 20	-193,532	-261,335

RECEIVED FEB 13 2012 OGDEN, UT IRS-OSC

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: Feb 13, 2012

▶ Michael Ghanooni, Asst. Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶
Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

SCANNED MAR 28 2012

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2010)

CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

G16 18

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 9/01 **, 2010, and ending** 8/31 **, 2011**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

SHORELINE CHRISTIAN SCHOOL
2400 NE 147TH STREET
SHORELINE, WA 98155

D Employer identification Number: 91-0598098

E Telephone number: (206) 364-7777

G Gross receipts $ 2,380,179.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.SHORELINECHRISTIAN.ORG

H(c) Group exemption number ► N/A

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1952 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities EDUCATION - PRESCHOOL THROUGH HIGH SCHOOL

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	77
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	156,235.	188,537.
	9	Program service revenue (Part VIII, line 2g)	1,923,765.	1,835,974.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,141.	8,134.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,868.	95,759.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,167,009.	2,128,404
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,616,988.	1,612,376.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	469,700.	462,395.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,086,688.	2,074,771.
	19	Revenue less expenses Subtract line 18 from line 12	80,321.	53,633.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,817,515.	1,747,028
	21	Total liabilities (Part X, line 26)	1,407,501.	1,283,381.
	22	Net assets or fund balances Subtract line 21 from line 20	410,014.	463,647.

RECEIVED
1084 FEB 14 2012 IRS-OSC
OGDEN, UT

SCANNED FEB 24 2012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date 2-8-2012

► Clarence Deelitz Vice President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
STEVEN A. FINLEY	Steven A. Finley	2/6/2012		N/A

Firm's name ► STEVEN A. FINLEY, CPA
Firm's address ► 11911 NE 1ST ST., SUITE 301
BELLEVUE, WA 98005
Firm's EIN ► N/A
Phone no (425) 451-4748

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form **990** (2010)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131011832

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
South Sound Christian Schools

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2052 S 64th St

City or town, state or country, and ZIP + 4
Tacoma, WA 984096807

D Employer identification number
91-0719487

E Telephone number
(253) 475-7226

G Gross receipts $ 3,662,182

F Name and address of principal officer
Ron Nelson
2052 S 64th St
Tacoma, WA 98409

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www southsoundchristian org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Provide Bible-based education for pre-kindergarten to 12th grades

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	127
6	Total number of volunteers (estimate if necessary)	6	213
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	100,749	111,360
	9	Program service revenue (Part VIII, line 2g)	3,202,462	3,254,447
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042	886
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,681	183,935
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,487,934	3,550,628
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	212,189	245,655
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,517,667	2,207,865
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶43,944		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,089,508	1,080,815
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,819,364	3,534,335
	19	Revenue less expenses Subtract line 18 from line 12	-331,430	16,293

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,650,816	3,461,182
	21	Total liabilities (Part X, line 26)	1,619,778	1,413,854
	22	Net assets or fund balances Subtract line 21 from line 20	2,031,038	2,047,328

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-05-08
Signature of officer | Date

▶ Ron Nelson Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Todd Roan CPA	Todd Roan CPA			

Firm's name ▶ Battershell & Nichols PS | Firm's EIN ▶

Firm's address ▶ 33507 9th Ave S Ste C-1
Federal Way, WA 98003 | Phone no ▶ (253) 839-1620

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01 **, 2010, and ending** 6/30 **, 2011**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

SOUTHSIDE CHRISTIAN SCHOOL
401 E. 30TH AVE
SPOKANE, WA 99203

D Employer Identification Number: 58-2675998

E Telephone number: 509-838-8139

G Gross receipts $ 752,959.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.SOUTHSIDECHRISTIANSCHOOL.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 2004 **M** State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EXCELLENT EDUCATION

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,920.	15,774.
	9	Program service revenue (Part VIII, line 2g)	612,788.	640,865.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.	1.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,760.	84,793.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	709,469.	741,433.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	484,649.	565,402.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 22,269.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	189,569.	140,866.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	674,218.	706,268.
	19	Revenue less expenses Subtract line 18 from line 12	35,251.	35,165.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	43,209.	113,808.
	21	Total liabilities (Part X, line 26)	27,526.	133,225.
	22	Net assets or fund balances Subtract line 21 from line 20	15,683.	-19,417.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Heidi Bauer — Signature of officer — Date 5/15/12

► Heidi Bauer, Administrator — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
PAUL J. ANASTASI, CPA	P. Anastasi, CPA	5.15.12		N/A

Firm's name ► ANASTASI & MOORE PLLC
Firm's address ► 104 S. DIVISION
SPOKANE, WA 99202
Firm's EIN ► N/A
Phone no (509) 323-0272

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form **990** (2010)

17P

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 1 **, 2010, and ending** June 30 **, 20** 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Spokane Valley Christian School
Doing Business As: Valley Christian School
Number and street (or P O box if mail is not delivered to street address): 10212 E. 9th Ave.
Room/suite:
City or town, state or country, and ZIP + 4: Spokane Valley, WA 99206

D Employer identification number: 91-2107119
E Telephone number: 509-924-9131
G Gross receipts $ 1,217,256

F Name and address of principal officer: Greg Bogart
3018 W. 22nd, Spokane, WA 99224

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.valleychristianschool.org

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile wa

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Educate students
Spokane Valley Christian School provides educational training and services to about 223 students K-12 grades

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	117,065	55,870
	9	Program service revenue (Part VIII, line 2g)	1,127,839	1,126,224
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-25,328	3,298
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,460	31,864
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,267,036	1,217,256
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	75,461	80,265
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	910,539	829,416
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	383,227	354,554
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,369,227	1,264,235
	19	Revenue less expenses. Subtract line 18 from line 12	-102,191	-46,979

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	330,048	286,948
	21	Total liabilities (Part X, line 26)	23,404	27,283
	22	Net assets or fund balances. Subtract line 21 from line 20	306,644	259,665

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SCANNED NOV 0 2 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Gregory G Bogart — Signature of officer — Date 10-21-2011

▶ GREGORY G. BOGART – Board chairman — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶
Firm's address ▶ — Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

G 17 3

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SPRINGFIELD CHRISTIAN SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1119 N CEDAR ST

City or town, state or country, and ZIP + 4
TACOMA, WA 98406

D Employer identification number
20-3860044

E Telephone number
(253) 759-5076

G Gross receipts $ 294,732

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ SPRINGFIELDCCS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION AT SPRINGFIELD IS TO BE A UNIQUE HELP TO CHRISTIAN PARENTS IN THE NURTURE AND EDUCATION OF THEIR CHILDREN OUR SCHEDULE ALLOWS PARENTS TO SPEND MORE TIME COMING ALONGSIDE THEIR CHILDREN AND TO TAILOR-FIT THEIR CHILD'S MUSIC, SPORTS, AND EXTRACURRICULAR ACTIVITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	32,525	25,566
	9	Program service revenue (Part VIII, line 2g)	233,442	268,608
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	507	558
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,697	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	268,171	294,732
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	206,145	197,781
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,187	45,396
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	237,332	243,177
	19	Revenue less expenses Subtract line 18 from line 12	30,839	51,555

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	84,326	135,350
	21	Total liabilities (Part X, line 26)	5,798	4,713
	22	Net assets or fund balances Subtract line 21 from line 20	78,528	130,637

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-14
Signature of officer | Date

JOANNE O'BAN President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Brian Bronk CPA			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Doug Collier CPA and Associates PS
4423 Point Fosdick dr NW ste 202
Gig Harbor, WA 98335

EIN ▶

Phone no ▶ (253) 851-1794

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ST PAULS EPISCOPAL SCHOOL DBA ST PAUL'S ACADEMY

Doing Business As
ST PAUL'S ACADEMY

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3000 NW AVE

City or town, state or country, and ZIP + 4
BELLINGHAM, WA 98225

D Employer identification number
91-1434401

E Telephone number
(360) 733-1750

G Gross receipts $ 4,170,284

F Name and address of principal officer
BRUCE LITHERLAND
3000 NW AVE
BELLINGHAM, WA 98225

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www sp-academy org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE A STRONG FOUNDATION FOR LEARNING, GLOBAL CITIZENSHIP, & A LIFE OF SIGNIFICANCE CELEBRATE A LOVE OF CHALLENGING QUESTIONS, RIGOROUS INQUIRY FREE EXPRESSION, & SERVICE TO OTHERS FROM PRE-K TO 12TH GRADE, THE ACADEMY HELPS STUDENTS TO LEARN TO PUSH FORWARD THE BOUNDARIES OF THEIR EDUCATION, SO THEY MAY UNDERSTAND & ADDRESS SOCIETY'S NEEDS PROVIDE A STRONG FOUNDATION FOR LEARNING, GLOBAL CITIZENSHIP, A LIFE OF SIGNIFICANCE CELEBRATE A LOVE OF CHALLENGING QUESTIONS, RIGOROUS INQUIRY FREE EXPRESSION, SERVICE TO OTHERS FROM PRE-K TO 12TH GRADE, THE ACADEMY HELPS STUDENTS TO LEARN TO PUSH FORWARD THE BOUNDARIES OF THEIR EDUCATION, SO THEY MAY UNDERSTAND ADDRESS SOCIETYS NEEDS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,631,778	1,978,436
	9	Program service revenue (Part VIII, line 2g)	1,723,079	1,699,850
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,801	1,562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	709,824	320,239
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,066,482	4,000,087
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,547,445	1,677,928
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,309		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	596,246	879,790
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,143,691	2,557,718
	19	Revenue less expenses Subtract line 18 from line 12	1,922,791	1,442,369

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,804,840	16,265,176
	21	Total liabilities (Part X, line 26)	2,683,559	9,695,048
	22	Net assets or fund balances Subtract line 21 from line 20	5,121,281	6,570,128

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** — Signature of officer — Date 2012-03-20

▶ ORPHALEE SMITH TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
SUSAN THOMSON-SINES	SUSAN THOMSON-SINES	2012-03-20		

Firm's name ▶ THOMSON AND COMPANY PLLC — Firm's EIN ▶

Firm's address ▶ PO BOX 28190 BELLINGHAM, WA 98228 — Phone no ▶ (360) 734-3939

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493166001352

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
STEPPING STONES TO LEARNING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 2361

City or town, state or country, and ZIP + 4
GIG HARBOR, WA 98335

D Employer identification number
91-1975830

E Telephone number
(253) 851-2484

G Gross receipts $ 421,352

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CHRISTIAN PRESCHOOL EDUCATION (STEPPING STONES TO LEARNING) AND CHRISTIAN LEARNING CENTER/DAYCARE (LITTLE STEPS LEARNING CENTER)

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,474	2,276
	9	Program service revenue (Part VIII, line 2g)	227,566	396,876
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56	25
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,040	12,212
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,136	411,389
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	164,734	299,987
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	60,125	112,820
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	224,859	412,807
	19	Revenue less expenses Subtract line 18 from line 12	26,277	-1,418

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	66,787	59,633
	21	Total liabilities (Part X, line 26)	14,332	8,596
	22	Net assets or fund balances Subtract line 21 from line 20	52,455	51,037

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ****** | 2012-06-14
Signature of officer | Date

▶ DIANA TILLEY Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Paul Van Winkle	Paul Van Winkle			

Firm's name ▶ VAN WINKLE CPA INC PS | Firm's EIN ▶

Firm's address ▶ 7507 Pioneer Way
Gig Harbor, WA 98335 | Phone no ▶ (253) 851-1910

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990**

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

CMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Tri-Cities Prep, a Catholic High School

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 9612 St. Thomas Dr. | Room/suite

City or town, state or country, and ZIP + 4: Pasco, WA 99301-9172

D Employer identification number: 91-1643930

E Telephone number: 509-546-2465

G Gross receipts $ 1,209,699.

F Name and address of principal officer: Steve Potter
same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.tcprep.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Maintenance and operation of a private high school.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	586,826.	196,411.
	9	Program service revenue (Part VIII, line 2g)	656,938.	853,015.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,812.	2,953.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,022.	122,113.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,457,598.	1,174,492.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	932,268.	862,230.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,272.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	408,768.	370,690.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,341,036.	1,232,920.
	19	Revenue less expenses Subtract line 18 from line 12	116,562.	<58,428.>
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,892,363.	4,795,873.
	21	Total liabilities (Part X, line 26)	375,770.	337,708.
	22	Net assets or fund balances Subtract line 21 from line 20	4,516,593.	4,458,165.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 12-1-11

▶ Steve Potter, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kristi L. Nelson	Kristi Nel	11/29/11		

Firm's name ▶ Northwest CPA Group PLLC — Firm's EIN ▶

Firm's address ▶ 1333 Columbia Park Trail, Ste 210
Richland, WA 99352 — Phone no. (509) 735-1300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED DEC 28 2011

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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 8/1 **, 2010, and ending** 7/31 **, 20** 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UPPER VALLEY CHRISTIAN SCHOOL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 111 SKI HILL DR. | Room/suite

City or town, state or country, and ZIP + 4: LEAVENWORTH, WA 98826

D Employer identification number: 06-1643006

E Telephone number: 509-548-5292

G Gross receipts $ 365,207

F Name and address of principal officer: DAN WILKINSON, PRINCIPAL
111 SKI HILL DR, LEAVENWORTH, WA 98826

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ LCN ORG

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: K - 12 state approved private Christian school

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	72,808	87,777
	9	Program service revenue (Part VIII, line 2g)	288,450	277,068
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	984	361
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	362,242	365,206
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	320,865	292,887
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	56,566	41,690
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	377,431	334,577
	19	Revenue less expenses. Subtract line 18 from line 12	-15,189	30,629

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	46,043	74,418
	21	Total liabilities (Part X, line 26)	44,471	42,217
	22	Net assets or fund balances. Subtract line 21 from line 20	1,572	32,201

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SCANNED DEC 28 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 11/30/11

▶ Terry Kuch - Chairman
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

7

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349009121

Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 08-01-2010 and ending 07-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
VANCOUVER CHRISTIAN HIGH SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 87625

City or town, state or country, and ZIP + 4
VANCOUVER, WA 98687

D Employer identification number
91-1797051

E Telephone number
(360) 735-7915

G Gross receipts $ 1,023,898

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VANCOUVERCHRISTIAN COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
EDUCATION - GRADES 7 - 12

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	35
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	243,361	226,580
	9	Program service revenue (Part VIII, line 2g)	730,140	770,260
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,990	1,304
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,641	22,526
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	982,132	1,020,670
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	613,187	575,980
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,466		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	523,679	548,217
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,136,866	1,124,197
	19	Revenue less expenses Subtract line 18 from line 12	-154,734	-103,527

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,017,354	923,886
	21	Total liabilities (Part X, line 26)	71,428	81,487
	22	Net assets or fund balances Subtract line 21 from line 20	945,926	842,399

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ ******
Signature of officer

2011-12-15
Date

▶ JAMES CHRISTIANSON BOARD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
LINDA M DAVIS	LINDA M DAVIS	2011-12-15		

Firm's name ▶ DAVIS & ASSOCIATES CPAS PS | Firm's EIN ▶

Firm's address ▶ 1104 14TH AVE
LONGVIEW, WA 98632 | Phone no ▶ (360) 414-8822

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

APPENDIX D

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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Virginia Mason Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1100 Ninth Avenue

City or town, state or country, and ZIP + 4
Seattle, WA 98101

D Employer identification number
91-0565539

E Telephone number
(206) 223-6600

G Gross receipts $ 961,125,968

F Name and address of principal officer
Gary Kaplan
1100 Ninth Avenue
Seattle, WA 98101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www virginiamason org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1934

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Medical Centers mission is to improve the health and well-being of the patients it serves through the delivery of high quality, cost-effective care to its patients The Medical Center provides integrated health services through a teaching hospital and multi-specialty group practice, offering both primary and specialized care

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6,147
6	Total number of volunteers (estimate if necessary)	6	1,339
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,411,188
b	Net unrelated business taxable income from Form 990-T, line 34	7b	8,344,337

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,336,367	6,179,104
	9	Program service revenue (Part VIII, line 2g)	819,224,526	863,679,342
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,563,826	14,803,799
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,427,010	7,676,040
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	848,551,729	892,338,285
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,085,581	7,846,671
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	478,076,595	506,728,697
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	330,371,114	348,470,951
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	816,533,290	863,046,319
	19	Revenue less expenses Subtract line 18 from line 12	32,018,439	29,291,966

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	882,192,273	917,015,772
	21	Total liabilities (Part X, line 26)	574,734,401	598,645,723
	22	Net assets or fund balances Subtract line 21 from line 20	307,457,872	318,370,049

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2012-11-12

▶ Gary Kaplan Chairman and CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Sue W Robison	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP, 1918 Eighth Avenue Suite 2900, Seattle, WA 98101			EIN ▶
			Phone no ▶ (206) 913-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

APPENDIX E

SUMMARY OF THE EFFECT OF §28 OF SUBSTITUTE SENATE BILL #4623 ON THE APPLICATION OF RCW 49.60 TO RELIGIOUS ORGANIZATIONS

The current language and structure of Chapter 49.60 RCW exempts religious and sectarian organizations not organized for private profit from the definition of employer contained in RCW 49.60.040. Religious organizations are not exempt from prohibitions against discrimination in places of public accommodation under RCW 49.60.215, nor from prohibitions against discrimination in real estate transactions, RCW 49.60.222, et seq, nor from provisions of the statute prohibiting discrimination in credit and insurance transactions, RCW 49.60.176 and RCW 49.60.178, respectively.

Section 28 of this bill makes it clear that religious organizations are subject to the coverage of these sections of the statute, but does allow religious or sectarian organizations not organized for private profit to make choices or distinctions on the basis of religion or religious principles, if such choice or distinction is required by the religious doctrine of the organization, as that doctrine is defined by the organization. The amendment to this statute does not require religious organizations to ignore the religion of the individual in making its choices, but makes clear that it is a strong public policy of this state to prohibit discrimination on the basis of race, color, national origin, sex, marital status, age, or handicap, while allowing religious organizations whose doctrine requires them to make choices or distinctions on these bases to do so. It is arguable that under the current language of the statute, religious organizations cannot legally make choices or distinctions based on religion with regard to operation of a place of public resort, accommodation, assemblage, or amusement, in real estate transactions, or in credit or insurance transactions.

Several federal courts had declared a broader exemption provided to religious organizations by the federal statutes to be unconstitutional. In the area of religion, the First Amendment of the U.S. Constitution prohibits states from infringing upon the free exercise of religion and also prohibits states from singling out religious organizations for preferential treatment on the basis of religious classification. This section of the Constitution is commonly referred to as the Establishment Clause and there are

numerous cases in which the courts have found that there is often a conflict between the Free Exercise and the Establishment Clause, as they often overlap substantially. Thus, courts and state legislatures must be flexible and find a neutral ground. The state must accommodate free exercise of religion, but cannot subordinate the Establishment Clause by sponsoring religion.

Several courts have rejected the argument that to require courts to determine whether a religious organizations is engaging in religious activities with regard to a particular employee involves the court in excessive government entanglement in religion. The test which has usually been applied to this issue is whether the potential for ongoing entanglement or continuous supervision of church affairs is high given the government's regulations.

As noted above, the current broad exemption provided to religious organizations in the employment setting may possibly be unconstitutional. By exempting religious organizations from the definition of employer, and thus exempting all employment activities of a religious organization, the exemption immunizes virtually every endeavor undertaken by religious organizations in which they employ individuals, thus allowing such organizations to discriminate in employment on any basis, not just on the basis of religion. This broad exemption may be in conflict with the Establishment Clause of the First Amendment by creating a classification on religious grounds. The exemption's benefits extend to the non-religious commercial enterprises of sectarian organizations, favoring them over other employers, even when a religious organization chooses to submerge itself in commercial activities. It has also been suggested that such an exemption may violate the equal protection guarantees of the Fifth Amendment of the Constitution as well.

The exemption provided to religious organizations by §28 of Substitute Senate Bill 4623 attempts to walk the middle ground between the dictates of the Free Exercise and Establishment Clauses of the First Amendment, by allowing religious organizations to make distinctions and choices on religious principles, while not allowing them to discriminate on other bases, unless such discrimination is required by their religious doctrine.