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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

2007

Open to Public  
Inspection

A For the 2007 calendar year, or tax year beginning

SEP 1, 2007

and ending AUG 31, 2008

B Check if applicable

Please use IRS label or print or type

C Name of organization  
GOLDEN OPPORTUNITY LIVING DEVELOPMENT  
DBA LIFE MANOR

D Employer identification number

91-0889527

 Address change Name change Initial return Termination Amended return Application pending

See Specific Instructions

Number and street (or P.O. box if mail is not delivered to street address)

1601 SOUTH UNION AVENUE

Room/suite

E Telephone number  
253-383-3363

City or town, state or country, and ZIP + 4

TACOMA, WA 98405

F Accounting method

 Cash  Accrual  
 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A  Yes  No  
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ► N/A

M Check ►  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) ►  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

K

Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ►

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**GOLDEN OPPORTUNITY LIVING DEVELOPMENT  
DBA LIFE MANOR**

Form 990 (2007)

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>61,350.</b>	0.	<b>61,350.</b>	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>0.</b>	0.	<b>0.</b>	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>231,168.</b>	<b>230,830.</b>	<b>338.</b>	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>16,276.</b>	<b>16,276.</b>		
<b>29</b> Payroll taxes	<b>36,689.</b>	<b>30,512.</b>	<b>6,177.</b>	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	<b>13,500.</b>		<b>13,500.</b>	
<b>32</b> Legal fees				
<b>33</b> Supplies	<b>231,383.</b>	<b>219,235.</b>	<b>12,148.</b>	
<b>34</b> Telephone	<b>11,419.</b>	<b>968.</b>	<b>10,451.</b>	
<b>35</b> Postage and shipping	<b>374.</b>	<b>374.</b>		
<b>36</b> Occupancy	<b>258,556.</b>	<b>239,643.</b>	<b>18,913.</b>	
<b>37</b> Equipment rental and maintenance	<b>29,640.</b>	<b>29,640.</b>		
<b>38</b> Printing and publications	<b>11,133.</b>		<b>11,133.</b>	
<b>39</b> Travel	<b>863.</b>	<b>104.</b>	<b>759.</b>	
<b>40</b> Conferences, conventions, and meetings	<b>2,446.</b>		<b>2,446.</b>	
<b>41</b> Interest	<b>20,143.</b>	<b>20,143.</b>		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>167,227.</b>	<b>167,227.</b>		
<b>43</b> Other expenses not covered above (itemize).				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> <b>SEE STATEMENT 1</b>	<b>64,675.</b>	<b>22,912.</b>	<b>41,763.</b>	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>1,156,842.</b>	<b>977,864.</b>	<b>178,978.</b>	0.

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

►  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**GOLDEN OPPORTUNITY LIVING DEVELOPMENT**  
**Form 990 (2007) DBA LIFE MANOR**

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a PROVIDED RENTAL HOUSING AND RELATED FACILITIES TO LOW INCOME ELDERLY AND HANDICAPPED PURSUANT TO HUD GUIDELINES. THERE ARE A TOTAL OF 158 RENTAL UNITS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►  **977,864.**

**b** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**c** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**d** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ► **977,864.**

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**GOLDEN OPPORTUNITY LIVING DEVELOPMENT**  
**DBA LIFE MANOR**

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**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
Assets	45	Cash - non-interest-bearing	68,636.	45	86,432.	
	46	Savings and temporary cash investments	48,510.	46	52,373.	
	47 a	Accounts receivable	47a 5,763.			
	b	Less: allowance for doubtful accounts	47b	2,215.	47c	5,763.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b			48c
	49	Grants receivable				49
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b			51c
	52	Inventories for sale or use		13,790.	52	14,153.
	53	Prepaid expenses and deferred charges		262.	53	
	54 a	Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b	Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55 a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation	55b			55c
	56	Investments - other				56
	57 a	Land, buildings, and equipment: basis	57a 4,007,272.			
b	Less accumulated depreciation	57b 3,079,865.	STMT 3	57c	927,407.	
58	Other assets, including program-related investments (describe ► SEE STATEMENT 4 )		151,526.	58	193,755.	
59	Total assets (must equal line 74). Add lines 45 through 58		1,313,514.	59	1,279,883.	
Liabilities	60	Accounts payable and accrued expenses	66,515.	60	64,415.	
	61	Grants payable				61
	62	Deferred revenue				62
	63	Loans from officers, directors, trustees, and key employees				63
	64 a	Tax-exempt bond liabilities				64a
	b	Mortgages and other notes payable	STMT 5 836,821.	STMT 6 64b		680,496.
	65	Other liabilities (describe ► <b>TENANT SECURITY DEPOSITS</b> )	45,748.	65		45,249.
66	Total liabilities. Add lines 60 through 65		949,084.	66	790,160.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	361,964.	67	487,257.	
	68	Temporarily restricted	2,466.	68	2,466.	
	69	Permanently restricted				69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70
	71	Paid-in or capital surplus, or land, building, and equipment fund				71
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	364,430.	73	489,723.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,313,514.	74	1,279,883.		

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**GOLDEN OPPORTUNITY LIVING DEVELOPMENT**  
**Form 990 (2007) DBA LIFE MANOR**

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)**

a Total revenue, gains, and other support per audited financial statements	a	1,282,135.
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	0.
c Subtract line b from line a	c	1,282,135.
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	0.
e Total revenue (Part I, line 12). Add lines c and d	e	1,282,135.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements	a	1,156,840.
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	0.
c Subtract line b from line a	c	1,156,840.
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): <u>ROUNDING</u> Add lines d1 and d2	d2	2.
e Total expenses (Part I, line 17). Add lines c and d	e	1,156,842.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DAN FOSS 1601 SOUTH PUGET SOUND TACOMA, WA 98405	PRESIDENT 0.00	0.	0.	0.
MANNY LACSINA 1601 SOUTH PUGET SOUND TACOMA, WA 98405	VICE PRESIDENT 0.00	0.	0.	0.
SHERIF AWAD 1601 SOUTH PUGET SOUND TACOMA, WA 98405	SECRETARY/TREASURER 0.00	0.	0.	0.
BILL STREETER 1601 SOUTH PUGET SOUND TACOMA, WA 98405	DIRECTOR 0.00	0.	0.	0.
DEAN CURRY 1601 SOUTH PUGET SOUND TACOMA, WA 98405	DIRECTOR 0.00	0.	0.	0.
KATHLEEN GORTON 1601 SOUTH PUGET SOUND TACOMA, WA 98405	DIRECTOR 0.00	0.	0.	0.
ROD BENTLEY 1601 SOUTH PUGET SOUND TACOMA, WA 98405	DIRECTOR 0.00	0.	0.	0.
NANETTE BAUS 1601 SOUTH PUGET SOUND TACOMA, WA 98405	EXECUTIVE DIRECTOR 40.00	51,065.	10,285.	0.

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GOLDEN OPPORTUNITY LIVING DEVELOPMENT  
DBA LIFE MANOR

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**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

**Yes** **No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► **7**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b X**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **75c X**  
If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? **75d X**

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI | Other Information (See the instructions )**

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <b>FIRST ASSEMBLY OF GOD LIFE CENTER</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X

**GOLDEN OPPORTUNITY LIVING DEVELOPMENT**  
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**Part VI Other Information (continued)**

**Yes** **No**

<p>82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?</p> <p>b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)</p> <p>83 a Did the organization comply with the public inspection requirements for returns and exemption applications?</p> <p>b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?</p> <p>84 a Did the organization solicit any contributions or gifts that were not tax deductible?</p> <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> <p>85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?</p> <p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less?</p> <p>If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.</p> <p>c Dues, assessments, and similar amounts from members</p> <p>d Section 162(e) lobbying and political expenditures</p> <p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p> <p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p> <p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p> <p>h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?</p> <p>86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12</p> <p>b Gross receipts, included on line 12, for public use of club facilities</p> <p>87 501(c)(12) organizations. Enter: a Gross income from members or shareholders</p> <p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> <p>88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX</p> <p>b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI</p> <p>89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.</p> <p>b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction</p> <p>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.</p> <p>d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.</p> <p>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</p> <p>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?</p> <p>g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</p> <p>90 a List the states with which a copy of this return is filed ► WA</p> <p>b Number of employees employed in the pay period that includes March 12, 2007</p> <p>91 a The books are in care of ► PETE JORGENSEN Located at ► 1601 SOUTH UNION AVENUE TACOMA WA</p> <p>Telephone no. ► (253) 879-9709</p> <p>ZIP + 4 ► 98504</p> <p>91b</p>	<p>82a X</p> <p>83a X</p> <p>83b X</p> <p>84a X</p> <p>84b N/A</p> <p>85a N/A</p> <p>85b N/A</p> <p>85c N/A</p> <p>85d N/A</p> <p>85e N/A</p> <p>85f N/A</p> <p>85g N/A</p> <p>85h N/A</p> <p>86a N/A</p> <p>86b N/A</p> <p>87a N/A</p> <p>87b N/A</p> <p>88a X</p> <p>88b X</p> <p>89b X</p> <p>89c 0.</p> <p>89d 0.</p> <p>89e X</p> <p>89f X</p> <p>89g X</p> <p>90b 19</p> <p>91c Yes No</p> <p>91d X</p>
<p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p>	

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**GOLDEN OPPORTUNITY LIVING DEVELOPMENT**  
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**Part VI Other Information (continued)**

Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c  X

If "Yes," enter the name of the foreign country ► N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ►

92  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue.

a SEE STATEMENT 7

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a CELL TOWER

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ► 1,278,636.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ▼

93 PURPOSE IS TO PROVIDE RENTAL HOUSING AND RELATED FACILITIES AND SERVICES TO LOW INCOME ELDERLY AND HANDICAPPED UNDER AN AGREEMENT WITH HUD. LINE 93 REFLECTS THE REVENUE FOR THESE SERVICES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
<u>N/A</u>	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				Yes	No
<p>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.</p> <p><i>SMC</i> <i>9-25-09</i></p> <p>Signature of officer Date</p> <p><i>SISTERF AWAD, SECRETARY TREASURER</i></p> <p>Type or print name and title</p>					

Please Sign Here	Preparer's signature		Date	Check if self- employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	►	►			
Paid Preparer's Use Only	<p>►</p> <p>JOHNSON STONE &amp; PAGANO, P.S. 1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466</p>				
				►	EIN ►
				►	Phone no. ► (253) 566-7070

Form 990 (2007)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

**Supplementary Information-(See separate instructions.)**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization	GOLDEN OPPORTUNITY LIVING DEVELOPMENT DBA LIFE MANOR	Employer identification number 91 0889527
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000	►	0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services	►	0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services	►	0

## GOLDEN OPPORTUNITY LIVING DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 DBA LIFE MANOR

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<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

Schedule A (Form 990 or 990-EZ) 2007

## GOLDEN OPPORTUNITY LIVING DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 DBA LIFE MANOR

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**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

**Total**

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Schedule A (Form 990 or 990-EZ) 2007**

## GOLDEN OPPORTUNITY LIVING DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 DBA LIFE MANOR

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**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		8,008.	3,352.	4,267.	11,560.	27,187.
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		1,183,334.	1,131,508.	1,040,753.	1,090,305.	4,445,900.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		1,027.	1,667.	1,239.	1,238.	5,171.
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		58,310.	50,455.	43,889.	35,752.	188,406.
23 Total of lines 15 through 22		1,250,679.	1,186,982.	1,090,148.	1,138,855.	4,666,664.
24 Line 23 minus line 17		67,345.	55,474.	49,395.	48,550.	220,764.
25 Enter 1% of line 23		12,507.	11,870.	10,901.	11,389.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	►	26a				N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b				N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c				N/A
d Add. Amounts from column (e) for lines: 18 _____ 19 _____		26d				N/A
22 _____ 26b _____		26e				N/A
e Public support (line 26c minus line 26d total)		26f				N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
(2006) 0. (2005) 0. (2004) 0. (2003) 0.						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2006) 0. (2005) 0. (2004) 0. (2003) 0.						
c Add: Amounts from column (e) for lines: 15 _____ 27,187. 16 _____		27c	4,473,087.			
17 4,445,900. 20 _____ 21 _____		27d	0.			
d Add: Line 27a total 0. and line 27b total _____		27e	4,473,087.			
e Public support (line 27c total minus line 27d total)		27g	95.8519%			
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ► 27f 4,666,664.		27h	.1108%			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

## GOLDEN OPPORTUNITY LIVING DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 DBA LIFE MANOR

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**Part V Private School Questionnaire** (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	<b>Yes</b>	<b>No</b>
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? <i>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)</i>	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? <i>If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)</i>	32a	
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? <i>If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)</i>	33a	
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? <i>If you answered "Yes" to either 34a or b, please explain using an attached statement.</i>	34a	
<hr/> <hr/> <hr/>		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

## GOLDEN OPPORTUNITY LIVING DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 DBA LIFE MANOR

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N/A

Page 6

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a  if the organization belongs to an affiliated group. Check ► b  if you checked "a" and "limited control" provisions apply.

Check ► b  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		<b>N/A</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	36		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	37		
<b>39</b> Other exempt purpose expenditures	38		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	39		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -  <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>	40		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	41		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	42		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	43		
	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BAD DEBT EXPENSE	312.	312.			
CARPET CLEANING AND DYEING	1,803.	1,803.			
CARPET AND BLINDS REPLACE	13,408.	13,408.			
MISC TAXES & LICENSE	7,389.	7,389.			
WAHSA DUES	3,078.		3,078.		
MANAGEMENT FEES	37,892.		37,892.		
BANK SERVICE CHARGES	793.		793.		
<b>TOTAL TO FM 990, LN 43</b>	<b>64,675.</b>	<b>22,912.</b>	<b>41,763.</b>		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
PART III			

**EXPLANATION**

PROVIDING RENTAL HOUSING AND RELATED FACILITIES TO LOW INCOME ELDERLY AND HANDICAPPED PURSUANT TO HUD GUIDELINES.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS AND IMPROVEMENTS	3,474,669.	2,721,201.	753,468.
EQUIPMENT AND FIXTURES	395,819.	339,134.	56,685.
VEHICLES	60,329.	2,011.	58,318.
LAND AND IMPROVEMENTS	76,455.	17,519.	58,936.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>4,007,272.</b>	<b>3,079,865.</b>	<b>927,407.</b>

FORM 990.

OTHER ASSETS

STATEMENT 4

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
GMAC PROP INS & MIP	44,814.	44,180.
GMAC RESERVES	104,855.	147,707.
RESIDUAL RECEIPTS RESERVE	1,857.	1,868.
<b>TOTAL TO FORM 990, PART IV, LINE 58</b>	<b>151,526.</b>	<b>193,755.</b>

FORM 990

MORTGAGES PAYABLE

STATEMENT 5

DESCRIPTION

BALANCE DUE

GMAC COMMERCIAL MORTGAGE	514,501.
<b>TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B</b>	<b>514,501.</b>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT

6

## LENDER'S NAME

## TERMS OF REPAYMENT

HERITAGE BANK LOAN

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/31/07	03/31/09	172,620.	8.25%

## SECURITY PROVIDED BY BORROWER

## PURPOSE OF LOAN

FIRST ASSEMBLY OF GOD LIFE CENTER

BUILDING IMPROVEMENTS

## RELATIONSHIP OF LENDER

NONE

## DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION

BALANCE DUE

0. 116,771.

## LENDER'S NAME

## TERMS OF REPAYMENT

COLUMBIA BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/30/06	05/30/11	50,185.	11.12%

## SECURITY PROVIDED BY BORROWER

## PURPOSE OF LOAN

PHONE SYSTEM

NEW PHONE SYSTEM

## RELATIONSHIP OF LENDER

NONE

## DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION

BALANCE DUE

0. 0.

LENDER'S NAME	TERMS OF REPAYMENT
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PIERCE COMMERCIAL BANK
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/16/08	05/15/11	51,865.	6.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
VAN	NEW VAN

RELATIONSHIP OF LENDER
------------------------

NONE
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DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	49,224.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		165,995.

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	7		
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
LAUNDRY, VENDING, OTHER			03	9,529.	
MANDATORY MEALS					305,010.
MISCELLANEOUS					8,935.
COMMISSARY SALES					16,742.
TELEPHONE					35,642.
INTEREST SUBSIDY					66,822.
TENANT CHARGES					411.
CABLE TV					23,607.
VOLUNTARY MEALS					14,416.
RENTAL REVENUE					776,368.
PARKING SPACE REVENUE					4,192.
FORFEITED DEPOSITS					788.
TO FORM 990, PART VII, LINE 93				9,529.	1,252,933.

SCHEDULE A	OTHER INCOME	STATEMENT	8
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT
			2003 AMOUNT
FORFEITED DEPOSITS	0.	280.	1,908.
INTEREST SUBSIDY	58,310.	50,175.	41,981.
TOTAL TO SCHEDULE A, LINE 22	58,310.	50,455.	43,889.
			35,752.