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990

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection For the 2008 calendar year, or tax year beginning  $\mathcal{F}_{a_{N}}$ 2008, and ending 2009 Employer identification number C Name of organization Check if applicable Doing Business As 1040507 ACIFIC Address change NONTHINES Telephone number print or Number and street (or P O box if mail is not delivered to street address) Name change type. 17521852-0681 Initial return Specific City or town, state or country, and ZIP + 4 Termination Instruc-98032-3051 G Gross receipts \$ 270 213 Amended return F Name and address of principal officer: N. NORTH LAKE WASH(a) Is this a group return for affiliates? Yes Application pending WA 98103 H(b) Are all affiliates included? Yes X 501(c) ( 3 ) **(** (insert no.) Tax-exempt status: 4947(a)(1) or If "No." attach a list (see instructions) Website: ▶ PNS.ORG H(c) Group exemption number ► 5 3 C Type of organization 
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: M State of legal domicile: 1, 101 Part I Summary Briefly describe the organization's pussion or most significant activities: Suffort. For Amateur. Summing PROVING SUPPART FOR USA SWIMMIN IN WESTON WASHINGTON TRAVER
SUPPARS, PROVINCE CONPETTIONS, PEGISTRATION TRAVERLE CLINICS FOR Activities & Governance CHACHES & OFFICIALS INFORMATIONAL SERVICES, SOLVES OVER S,000 AMBLET AND THEIR FAMILIE 2 Check this box F if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) . . . 6 Total number of volunteers (estimate if necessary) 150 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** SCANNED JAN 14,000 Contributions and grants (Part VIII, line 1h) 14,000 447951 2*5*0590 Program service revenue (Part VIII, line 2g) . 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)
12 Total evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,818 5623 スフゥ 213 Grantsand similar amounts paid (Part IX, column (A), lines 1-3) . . Benefits paid to or for members (Part IX, column (A), line 4) . . . 18408 2722 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising feles (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, dolumn (D), line 25) ▶ 409845 21433 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 437068 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 232 74 Revenue less expenses. Subtract line 18 from line 12 3フ 4フ2 3/70/ **Beginning of Year** End of Year 7620 50/164 20 Total assets (Part X, line 16) . 833 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 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 ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here 600RUFIZ 7604 Thissuno Type or print name and tytle Check if Date Preparer's identifying number Preparer's

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

signature

Firm's name (or yours

if self-employed), address, and ZIP +

Paid Preparer's

Use Only

Cat. No. 11282Y

Phone no. ▶ (

employed 🕨 🗌

(see instructions)

Form 990 (2008)

Yes

Part	Statement of Program Service Accomplishments (see instructions)
	Briefly describe the organization's mission: TO Promotic THE SPORT OF COMPETINE SWIMMING
	THROUGH COUNTYANIE PRUGRAMMING AND COUCHTION
	THIOMEH GOVERNANCE, PRUGRAMMING AND LOUCHTION FOR THE PACIFIC NORTHWEST SWIMMING COMMUNITY
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 91572 including grants of \$) (Revenue \$)
	Francis Spart For Trajus Assistancia For Sonin Swimmins
	TO ATITORO NATIONAL & JUNION NATIONAL COMPETITIONS ALSO
	TRANCE ASSISTANCE FOR ALL GROUP SWIMMURS TO ATTURA ZONE
	h 4 C-4 140
	Procening & Promition Composition
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ 9 5 7.3. \( \) including grants of \$) (Revenue \$)
	Firs TO USA Swimming (71405C WING COLLETED From ATHLETES)
	For PURPOSES OF PROMOTION THE SPORT OF AMATEUR SWIMMING USA SWIMMING PROVIDES THURSHOLD PROTOSTION FOR ATTHETED COMMING AND NOW ATTHETED VOLUMETERS MAINTON PARABLE FOR
	Swimmen on Times ORGANIZES ComPETITIONS; & PROLIDES STRUCTURE  ONEASILIET & TRAINING For LSC'S & CLUBS.
	GOVERNMEN PROGRAMME & WILGETIM
4c	(Code: ) (Expenses \$ 3429 including grants of \$ ) (Revenue \$ )  Conference Convers Management
	PAS HOWE OF DELEGANCE MELTINGS FOR ALL MEMBER CLESS
	PROVIDES FRANCEWORK FOR MOST STRUCTURES & SCHEDULL AS WELL AS
	CLUB DOUGLOPMENT & REGISTER TION PROCEDURES  LONGOLOUS AND BOARD MIRTURES PROVIDES PLANNING AND EDUCATION  FOR BOARD MEMORIES TO PRIMATION BUILDING THE START OF AMARILE
	PARTICIPATION IN USA Sylmonia ANDUAL CONVENTION For BULLDING
	PROPOR POSITRATION & COMPATITION PROCEDURES
	Other program services (Describe in Schedule O.) (Expenses \$ \$302 including grants of \$ ) (Revenue \$ )
40	Total program service expenses ► \$ t 9 9 oul   (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			-90 0
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		太
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		χ
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  Did the organization report an amount in Part X, lines 10 12, 13, 15, or 25? If "Yes," complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	10	X	X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		*
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ı	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	13
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<del>//</del>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	}	X
24a		<del></del> -		<del></del>
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	]		1
	to defease any tax-exempt bonds?	24c	<u> </u>	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	$\succeq$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transactions with a disqualified person during the year? If "Yes," complete Schedule L, Part I	, 25a		>
b	person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

	Officerial of Trocal of Contractor (Contractor)			
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	00-		
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		$\checkmark$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		义
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		7
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		7
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (200

Par	V Statements Regarding Other IRS Filings and Tax Compliance		
		Y	es No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0 -		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	i i i i i i i i i i i i i i i i i i i	
	gaming (gambling) winnings to prize winners?	1c   X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return	Ob \	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		
ο-	instructions)		
за	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-1/-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
<del>4</del> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	{	
	account)?	4a	
Ь	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c	
6-	Regarding Prohibited Tax Shelter Transaction?	6a	-
	Did the organization solicit any contributions that were not tax deductible?	1	<del> </del> -
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		
	\$75?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	^
	If "Yes," indicate the number of Forms 8282 filed during the year	-	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	70	
	benefit contract?	7e 7f	<del> \$</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-+^
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		$\dashv$
"	required?	7h	
<sub>Y</sub> 8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		
V.	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		i
а	Did the organization make any taxable distributions under section 4966?	9a	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.		
a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b		

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

Section A. Governing Reduced by

Sec	tion A. Governing Body and Management			
		$\Box \Box$	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			2.5
	circumstances processes or changes in Schedule O, See instructions.			
	Enter the number of voting members of the governing body			2 12 22 2 P
b	Enter the number of voting members that are independent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			$f_{i}$
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		7	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	`\	×
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			1
	of the governing body?	7a		<u>r</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	# · · · · · · ·		
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			!
- •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
`	rise to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		(	
·	describe in Schedule O how this is done	12c	<b>*</b>	`\
13	Does the organization have a written whistleblower policy?	13		£
14	Does the organization have a written document retention and destruction policy?	14		*
15	Did the process for determining compensation of the following persons include a review and approval by	31 h 14	, 2014/0	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		1 17 12	194
а	The organization's CEO, Executive Director, or top management official?	15a		L
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	g Til ye is	
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		100 100	
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► $\sqrt{6}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	(C)(3)s	oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Dupon request		~~~	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	. or inte	erest	
00	policy, and financial statements available to the public.	d	f the	
20	State the name, physical address, and telephone number of the person who possesses the books and recorganization: ► Jeon Weed Ruff 753 CENTING AVE N KINT L	urus o	a Ri	037
	206 C46 - 1036	T.CV		

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co		any c	ffic	er, c	dire	ctor,	trus	tee, or key em	ployee.	
7 (A)	(B)		(C) (D)					(E)	(F)	
Name and Title	Average				_	hat ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sex Attacked List								8	8	0
NO DEFILIONS OF DIRECTIONS OF RECEIVED AMY COMPENSAR  ONLY ONIT LOWER PROPERTY - Pd.  LOS THAN 30,000/4EAR	76~									
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Ory ONE when the -Pd.		ļ	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>		
LOSS THAN 30,00 / YEAR				_	_					·
		1	ł				1	}		
No former officers or		-	-		}	<del> </del>	┼—	<del> </del>	<del> </del>	
NO FORMER OFFICERS OF PLACEROUS WILL ROLLEWED HE COMPANIE AT LOW	~4	<u> </u>	_		_		_			
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·	-						1			
	-						1			

Part VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	es,	and	l Higi	nest	Compensate	Employees	(continued)
(A) Name and title	(B) Average	(C) Position (check all that app					ply)	( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	other compensation
								_		
4										
	-									
1b Total		<del>'</del>	٠.	<del></del>			<b>•</b>	C	0	Ø
<ul> <li>2 Total number of individuals (including thosorganization ► NoNC</li> <li>3 Did the organization list any former office</li> </ul>										Yes N
<ul> <li>employee on line 1a? If "Yes," complete 5</li> <li>For any individual listed on line 1a, is the the organization and related organizations individual.</li> </ul>	Schedule J sum of rep greater th	for sortab an \$1	uch de c 50,0	ina com 000	<i>livid</i> pen ? <i>If</i>	<i>ual</i> satio: "Yes, 	n ar " cc		ensation from ule J for such	3   7
5 Did any person listed on line 1a receive services rendered to the organization? If '	or accrue	com	per	nsat	ion	from	any	y unrelated or	ganization fo	r Market Market
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more than	\$100,000 of
(A) Name and business ad	Idress						$\perp$	(B) Description of	services	(C) Compensation
hone				_	-		$\pm$			
							}			
2 Total number of independent contractors	(including	thes		11	who	rece	ive	d more than \$	100.000 in	
compensation from the organization ►	, uncluding	11108	N	ON	C	, 1606		σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	. 30,000 111	

# SHOW PLANIOS CHAMBE OF ACCOUNTING PENLOO

Louin a	90 (20	008)					5//0901	Page 9
Part	VII	Statement of Re	venue					
) 					(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
gra		Membership dues	1b					
aj ts	C	Fundraising events .	1c					STATE OF THE PARTY
gif ilar	ď	Related organizations	<u>1d</u>	· · · · · · · · · · · · · · · · · · ·	ļ.		经企业的基础基	
sim's	е	Government grants (contri	ibutions). 1e					
uttic	f	All other contributions, gifts, g						
Contributions, gifts, grants and other similar amounts		and similar amounts not inclu		14,000				
jo n	g	Noncash contributions include						
		Total. Add lines 1a-1f	· · · · ·	Business Code	14,000			
Program Service Revenue	_	11.10	,	Business Code	174493	17///2		
leve	2a	***************************************			1271	17,4403		<del> </del>
9	b			<u> </u>	40	/271 40.		<del></del>
erzi	٦ C	PAS, less	CUI D Porting 8	<del> </del>	1569	1509		<del> </del>
S	u	Mem Box Fu	engerni Milanyi ens		73367	73767		
gra	f	All other program servi	ce revenue .	<del></del>	72307			<del> </del>
<b>P</b>	g	Total. Add lines 2a-2f		•	250590			
	3	Investment income (inc						
	}	other similar amounts)			5623	5623	ļ	<del> </del>
	4	Income from investment of	-				ļ.——	ļ
	5	Royalties	() Deal	<del></del>	a Court of green a	ন নি কেনু দ ্যান্তমা <b>ল</b> টোল		
		_	(i) Real	(ii) Personal				
	ı	Gross Rents						
	l .	Less: rental expenses	· · · · · · · · · · · · · · · · · · ·	<del>}</del>				
	d C	Rental income or (loss)  Net rental income or (lo	 pss)	<b>•</b>				
	7-	•	(i) Securities	(ii) Other				- Canar
	/a	Gross amount from sales of assets other than inventory		<del> </del>				
	h	Less: cost or other basis						lian.
		and sales expenses .						
	c	Gain or (loss)						
		Net gain or (loss)		▶				
Other Revenue	8a	Gross income from events (not including \$						
3e		of contributions reporte	d on line 1c).					
<u>-</u>		See Part IV, line 18						
ŧ	b	Less: direct expenses	b					
0	C	Net income or (loss) from	om fundraising (	events ►				
	9a	Gross income from gam See Part IV, line 19	ning activities.					
		Less: direct expenses,						
		Net income or (loss) from		vities ▶		l		
	10a	Gross sales of inve						
		returns and allowances			_			
		Less: cost of goods so Net income or (loss) from						1
	├─	Miscellaneous Rev		Business Code	14.1			
	110		<del></del> -	<del></del>				
	b			1		1		1
	,				<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>
	d	All other revenue					<u> </u>	†
		Total. Add lines 11a-1			1			
		Total Revenue. Add li						
	l _	9c, 10c, and 11e			270213	270 213		

### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete colonot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) (A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		ехрепоез	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				and the state of t
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17220		17220	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1100		1188	
10	Payroll taxes	1188		1,00	
11 a	Fees for services (non-employees):  Management				
	Legal	<del></del>			
	Accounting				
d	Lobbying *				
е	Professional fundraising services. See Part IV, line 17		the state of the s	The second secon	
f	Investment management fees				
g	Other				
12 13	Advertising and promotion.  Office expenses sullus Positive Pirities	5746		5746	
14	Information technology		<u> </u>		
15	Royalties			1.5	
16	Occupancy	55/0	G1 522	5510	
17	Travel	91572	91572		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3429	3429		
19 20	Conferences, conventions, and meetings .	2727	3927		
20 21	Interest	95738	95738	1	
22	Depreciation, depletion, and amortization	4034	17,7,3	4036	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CLB Daragement/MAKEDAG	1421	1621		
b	Sum mosts	4481	4681		
С					
d				<u> </u>	
е				-	
f 25	All other expenses	7 7 7 7 1/1	106 544	7220	
25 26	Total functional expenses. Add lines 1 through 24f  Joint Costs. Check here ▶ ☐ if following  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	232 741	199041	33700	
<del>`</del>	fundraising solicitation	<u> </u>			Form <b>990</b> (2008)

Pe	Lr V	Balance Sneet	T		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	290738	1	326047
	2	Savings and temporary cash investments	198472	2	203455
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section			
	U	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 42 735			
	ь	Less: accumulated depreciation. Complete			
		Part VI of Schedule D	11954	10c	7918
	11	Investments—publicly traded securities		11	1
	12	Investments—other securities. See Part IV, line 11		12	<u> </u>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets, See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	501 164	16	597620
	17	Accounts payable and accrued expenses P.L. 74 x 3		17	833
	18	Grants payable		18	
	19	Deferred revenue	1449	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D	L	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ab	_	employees, highest compensated employees, and disqualified	1.4.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	1849	26	833
Ø		Organizations that follow SFAS 117, check here ▶ □ and			
seou		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	499315	27	534787
g	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets	Stabilities consiste removable de la constant de la	29	
교		Organizations that do not follow SFAS 117, check here ▶ □			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balan	30	Capital stock or trust principal, or current funds		30	<del></del>
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	ļ	33	
	34	Total liabilities and net assets/fund balances	50/164	34	537620
Pa	rt XI	Financial Statements and Reporting	···-		
		<b>/</b>			Yes No
1	Acc	ounting method used to prepare the Form 990: 💢 Cash 🛮 🗌 Accrua			
<b>2</b> a		e the organization's financial statements compiled or reviewed by an in-		nt? .	
b		e the organization's financial statements audited by an independent according			. 2b
C		es" to lines 2a or 2b, does the organization have a committee that assumes	· ·	_	1 - 1 1
_		audit, review, or compilation of its financial statements and selection of an in			
3a		a result of a federal award, was the organization required to undergo an	audit or audits as se	t forth	in
<b>p.</b>					
C	, 11 Y	es," did the organization undergo the required audit or audits?	<u> </u>	<u> </u>	. 3b

CHAMIE OF ACCOUNTIL PLAIND

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

		בתועוע		Samme						1040	
	rt <u>l</u>			arity Status (All org						<u>e instruc</u>	tions)
The				dation because it is: (							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2				n 170(b)(1)(A)(il). (Atta		•					
3				ospital service organi							
4				tion operated in conju ate:			spital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
5		An organizati		the benefit of a collect			ned or o	perated l	oy a gove	emmental	unit described in
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit d	described	in secti	on 170(b	)(1)(A)(v)		
7				receives a substantia 1)(A)(vi). (Complete P		ts suppo	rt from a	governm	ental unit	or from t	he general public
8				in section 170(b)(1)(		omplete i	Part II.)				
9	Æ	An organizat receipts from support from	ion that normally activities relate gross investme	receives: (1) more that ed to its exempt funct ent income and unrel after June 30, 1975.	an 33½ % ions—sul lated bus	of its sup bject to c iness tax	oport fror ertain ex able inc	ceptions ome (less	, and (2) s section	no more f	than 331/3 % of its
10		An organizat	ion organized ar	nd operated exclusive	ly to test	for publi	c safety.	See sec	tion 509(	a)(4). (see	e instructions)
11		An organizat	ion organized a	nd operated exclusiv	ely for th	e benefit	t of, to p	erform ti	he function	ons of, or	r to carry out the
				olicly supported organ at describes the type of							
		a Type		_		e III-Fund					Type III-Other
е		persons other		tify that the organizat	ion is no	t controll	led direc	tly or ind	lirectly by		
f				a written determinati	on from	the IRS t	that it is	a Type I	, Type II,	or Type	III supporting
		•	, check this box								🗀
g	l	Since Augus following per		the organization acce	epted any	gift or co	ontributio	n from a	ny of the		
				r indirectly controls, ending body of the supp				h person	s descrit	oed in (ii)	Yes No
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii) 11g(iii)
h	1			of a person described ation about the organ				 upports.			[119(m)]
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify		s the	(vii) Amount of
	or	ganization	(described on lines 1-9 above or IRC section (see instructions))			sted in your document?	col (i)	nization in of your port?	(i) organi	ion in col. zed in the S?	support
			I		Yes	No	Yes	No	Yes	No	
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Tot	al		1	1 th	[	[	l		l	<b>{</b>	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here П Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33%% support test-2008. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box 33% % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . .

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not include 9000 12668 13332 14000 11200 any "unusual grants.") . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 433561 448858 418375 250590 1985415 434031 organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . 461526 44303/ 444761 431707 244590 Total. Add lines 1-5 . . . . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . . . . c Add lines 7a and 7b . . . . 443031 444761 461526 431707 244590 Public support (Subtract line 7c from 204561 line 6.) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, 9969 rents, royalties and income from similar 5623 1781 4467 7918 29 757 sources . . . . . . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 7918 1781 9968 5623 29757 4467 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . 444812 449228 469444 441675 270213 Total support. (Add lines 9, 10c, 11, 2075372 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ 🔲 Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) . . . 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . % 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33%% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33%%, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization > 💆 33\% % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

### **SCHEDULE 0** (Form 990)

## **Supplemental Information to Form 990**

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

(VI LINK 10) Form 990 15 SENT TO USA SWIMMING
ALONG WITH FINANCIAM STARAMONTS AND A SIGNED STARAMONT
By AN INTERNAL "AUDITINE" COMMINICE STATING THAT
THE STATEMENTS HAVE BEEN REVIEWED BY THE COMMITTEE
as An OUTSIDE ALLOST EVERY 4 YEARS
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Pacific Northwest Swimming Rules and Procedures	Conflict of Interest Policy			
Index AD-07-01	<b>Effective Date:</b> 02/23/09			
02/23/09: Original				

### 1. Conflict of Interest Statement

- a. It is the policy of Pacific Northwest Swimming (PNS) that all staff, committee chairs, and board members avoid any conflict of interest or perception of a conflict with the interests of PNS or USA Swimming.
- Conflicts of interest may result from such sources as personal, professional or business including other non-profit organization interests as well as those of family, personal or business
  associates.
- c. By accepting employment with PNS, election to the Board of Directors, appointment as chair of any PNS committee, the affected person also accepts the responsibility and obligation to implement this policy.

### 2. Expected Behavior

- a. Recognition of multiple USA Swimming related interests As members of PNS, it is recognized that all board members and other PNS volunteers (paid or unpaid) have interests in their athlete family members (if any), affiliated club, and USA Swimming. This policy does not generally require specific action or inaction as a result of these interests unless they are of a particular importance to or bearing on the issue at hand.
- b. Disclosure of interests When discussing issues in any board or committee, it is expected that all PNS staff, committee chair and board of directors members will either refrain from the discussion or openly disclose any interest that they have that may present a conflict with the interests of PNS or USA Swimming.
- c. Voting When voting or making a decision in the performance of PNS duties, all PNS staff, committee chairs and board of directors members shall recuse themselves from voting on issues that cause or appear to cause a conflict with the interests of PNS or USA Swimming.
- d. Responsibility to perform duties Should a conflict of interest exist or arise that prevents or substantially compromises the performance of necessary PNS duties, it is expected that the affected person will resign from the PNS position.

### 3. Staff and Board of Director Member Acknowledgement

a. Upon employment, appointment, or election, and every year thereafter, all paid staff, committee chairs and Board of Directors members shall sign a copy of this Policy acknowledging the need to adhere to policy. The PNS Secretary shall be responsible for retaining copies of these signatures for the duration that the position is held.

The undersigned acknowledges that they have received, read and understood this policy and accept the responsibility to adhere to its specific content and its general intent of ensuring the integrity of PNS and USA Swimming, their subordinate institutions, and decision making processes, and the reputation and integrity of its staff, Board of Directors and volunteers.

Signature:	 _
Name (Printed):	
Date:	

h chock your data for accuracy, undate as needed

PNS Board of Directors Meeting Monday, April 27, 2009

(H) (206) 633-4346 (M) (206) 953-8114	(H) (425) 836-0496 (W) (425) 294-2789 (S)	(H) (425) 433-0313 (W) (253) 373-4645	(H) (360) 568-7980 (M) (425) 359-4666	(H) (425) 252-8194 (W) (425) 774-4744 (M) (206) 419-4316
3629 6 <sup>th</sup> Ave W Seattle, WA 98119-1524 hathandy@gmail.com	3021 206 <sup>th</sup> Way NE Sammamish, WA 98074 flyguy@haasehome.com kathy@haasehome.com	27435 Maple Ridge Way SE Maple Valley, WA 98038-2006 swimvast@hotmail.com	7501 129 <sup>th</sup> Dr SE Snohomish, WA 98290 richardshouse@verizon.net	3715 Wetmore Ave Everett, WA 98201 Ivlessed@comcast net
General Chair Andy Hathaway	Admin. VC Scott and Kathy Haase	Senior VC Suzanne Rychlik	Age Group VC Bruce Richards	Program Dev. VC Lyle Campbell

(H) (425) 885-7218 (M) (425) 890-3751	(H) (253) 630-4437 (W) (206) 246-4133 x204	(H) (425) 771-8398	(H) (206) 546-1036	(H) (425) 745-8926	(H) (253) 630-1198 (W) (253) 657-9885	(H) (425) 766-3126 (W) (425) 637-4623 (M) (425) 766-3126
17532 NE 142 <sup>nd</sup> St	22023 128 <sup>th</sup> Pl SE	348 Sunset Ave N	914 NW 165 <sup>th</sup> Pl	14910 66 <sup>th</sup> Pl W	25305 121st PI SE	c/o Swim Team 11200 SE 6 <sup>th</sup> St
Redmond, WA 98052	Kent, WA 98031	Edmonds, WA 98020	Shoreline, WA 98177	Edmonds, WA 98026	Kent, WA 98030	Bellevue, WA 98004
Chapman family@comcast.net	djcoddington@comcast.net	gcrawf@comcast.net	pkw3355@aol.com	golfandswim@comcast.net	kenbreiding@comcast.net	<u>klaas@bellevueclub.com</u>
Program Ops VC	Finance VC	Secretary	Treasurer	Safety Chair	Officials Chair	At Large
Linda Chapman	David Coddington	Gayle Crawford	Jody Woodruff	Deb Keane	Ken Breiding	Klaas Schenk

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(H) (360) 956-1948(M) (360) 239-3544	- (M) (206) 786-8261	(H) (206) 784-0786 (W) (206) 781-3164	l			(H) (206) 313-3895 (W) (253) 334-6907 (M) (206) 313-3895		(H) (206) 524-2417 (W) (206) 987-2182 (M) (206) 310-0586
1228 Lake Park Dr SW Tumwater, WA 98512-6914 coachkelli@comcast.net	18 Dravus St Apt#102 Seattle, WA 98109 ashmilad@hotmail.com	7334 Dibble Ave NW Seattle, WA 98117-5123 ronstravel@msn.com			POSITION VACANT	2100 Lake Washington Blvd North N103 Renton, WA 98056 hutchisean@gmail.com	POSITION VACANT	5552 35 <sup>th</sup> Ave NE Seattle, WA 98105 <u>cvanzan@comcast.net</u>
Kelli Denney	Ash Milad	Ron Portelance		Senior Athlete Rep	Junior Athlete Rep	Senior Coach Rep Sean Hutchison	Junior Coach Rep	Disability Chair Kiko VanZandt

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(H) (206) 362-0147 (M) (206) 617-1611		(H) (206) 236-2474	(H) (425) 255-2608	(H) (425) 213-2877	(H) (425) 644-5441
11940 Riviera Pl NE Seattle, WA 98125 ronvp@aol.com	POSITION VACANT	4721 Forest Ave SE Mercer Island, WA 98040-4308 cppicardo@gmail.com	1823 Morris Ave. S. Renton, WA 98055-3331 sholdras@yahoo.com	28810 NE 10 <sup>th</sup> St Carnation, WA 98014-9619 jbeeler@holynames-sea.org	213 140 <sup>th</sup> Ave NE Bellevue, WA 98005-4726 swimmerbellesamm@yahoo.com
USA Swimming Board Rep 11940 Rivier Ron Van Pool Seattle, WA	Technical Planning Chair	Athlete Reps: Chris Picardo	Steve Sholdra	Jenna Beeler	Samantha Simas