

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

# Short Form 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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

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		2009 calenda	ar vear.							-	, 2009,						, 20	-
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=	Amended a		Instruc- tions.	1	-	WA 984	•							F Group Exemption  Number ►				
<u>•</u>	Application		L										C A				Cook (// Assessed	
	• Secti	ion 501(c)(3)						mpt charitab 0 or 990-EZ).	ie trust	s mus	r attacn	' l'		unung Me (specify)		Ш	Cash Accrua	aı
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_								(insert no )						Z, or 99				_
	Check >		-						_		_		•	•			nan \$25,000. A	
								organization cl									400.04	
								Net Asset							<u>\$</u>		123,00	<u> </u>
	art I															5 10		
	1							nts received							1		123,0	<u> </u>
	2	-				-	-	ent fees and				•			2			_
	3		•												3			<del>-</del>
	4	Investmen													4			4
	5a							inventory			<u>5a</u>	-	-					
	b						-				5b	<u></u>						
Φ.	C							nventory (Su						· -	5c	_		
Revenue	6		pecial events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here ▶ □															
Š	а	Gross revenue (not including \$ of contributions reported on line 1)																
æ		•		•							6a	<del> </del>						
	Ь		direct expenses other than fundralsing expenses															
	c	Net Incom	e or (lo	oss)	from st	pecial e	vents and	activities (Su	ubtract	line 6	ib from	line 6	Sa)		6c			
	7a	Gross sale	s of Inv	vent	tory, les	ss retur	ns and allo	owances .			7a	ļ			} '			
	Ь	Less: cost of goods sold										ŀ						
	c	Gross prof	fit or (lo	oss)	from s	ales of i	inventory (	Subtract line	e 7b fro	m line	e 7a) .				7c			
	8	Other reve										_		)	8	_		
	9							c, and 8 .					<u></u>	. ▶	9	_	123,0	04
	10	Grants and	d simila	ar ar	nounts	, paid (a	ittach schi	edule)	٠. ـ	<u> </u>			<u> </u>		10			
	11	Benefits pa	aid to c	or fo	ır mem	bers .			[		REC	CE	VEC	)	11			
es	12							benefits .				<del></del>		٠٠٠٠	12	$\Box$	110,8	68
Expenses	13							ependent co					3 . 1 . 2	.   👸	13	Ĺ	2,3	25
ğ	14	Occupano	y, rent,	i, util	litles, a	nd mair	ntenance			₽.	.JUL	Q Q	2010	.   유	14		··	
ij	15													&	15	<u> </u>	8	92
	16	Other exp	enses (	(des	icribe l	► SEE	ATTACHE	D STATEME	NT		00	<u> </u>		,_	16	<u> </u>	6,4	_
	17	Total exp	enses.	. Add	d lines	10 thro	ugh 16 .			<u> </u>	<u> </u>	ノ戸	<u>N, U</u>	<u> </u>	17		120,5	29
23	18	Excess or	(deficit	t) fo	r the ye	ar (Sub	tract line	17 from line	9) . ັ	•					18		2,4	75
Net Assets	19							f year (from										
As	1	end-of-yea	ar figur	re re	ported	on prio	er year's re	tum)							19		(43	38)
ē	20	Other cha	nges in	n net	t assets	s or fun	d balance	s (attach exp	olanatio	n) .					20			
	21							Combine line							21			37
F	art II	Balanc	e She						3) are \$	1,250	,000 or	more	e, file Fo	rm 990	inste	ad o	f Form 990-EZ	
					(See th	e instru	ctions for	Part II.)					(A) Be	ginning o			(B) End of year	
22 Cash, savings, and investments							22	22	1	39								
2	23 Land and buildings							23		0								
2	4 Ot	her assets	(descrit	ibe 🕨	► PRE	EPAIDS						)				24	1,8	98
2	5 To	tal assets														25		37
2	6 To	tai ilabilitie	es (des	crib	9 ▶							)			460			0
								37										

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 10642

Form 990-EZ (2009)

a... 2

	990-62 (2009)					Page Z
Par	Statement of Program Service Accom	plishments (See the instru	actions for Part II	1.)		Expenses
Vha!	t is the organization's primary exempt purpose?	SEE ATTACHED STATEMEN	rt			red for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		(3) and 501(c)(4)
	ner, describe the services provided, the number of					zations and section a)(1) trusts; optional
ach	program title.				ior oth	
28	Early Learning - See attached statement of program	service accomplishments			<del>                                     </del>	
20					1 1	
	/O				00-	402 656
	(Grants \$ ) If this amount				28a	103,655
29						
	(Grants \$ ) If this amount	Includes foreign grants, che	eck here	. ▶ 🗆	29a	
30						
					1	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(Grants \$ ) If this amount	Includes foreign grants, ch	eck here	. ▶ 🗍	30a	
31	Other program services (attach schedule)				1000	
٠.	(Grants \$ ) If this amount				31a	
22	Total program service expenses (add lines 28a				32	103,655
	List of Officers, Directors, Trustees, and Key					
r eu	List of Officers, Directors, Trustees, and Re	(b) Title and everage	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0)	deferred compa	nsation	other allowances
	LY J PHANCO	EXECUTIVE DIR 40 HRS				
209	S 182ND ST SEATTLE WA 98148		59,961		9,032	0
TAN	YA ANDREWS	TREASRUER 2 HRS	i			
936	BROADWAY TACOMA WA 98402	TREAGROEK 2 TIRO	0		0	0
CHR	ISTINE ROSENQUIST	GUAIG GUIGG	·			*
1515	BROADWAY SUITE 301 TACOMA WA 98402	- CHAIR 2 HRS	0		0	0
	YNELSON			1		
	5 112TH ST E TACOMA WA 98446	- VICE CHAIR 2 HRS	٥		0	٥
	RY SKINNER	<del> </del>	•	<del>                                     </del>		<u>_</u>
		DIRECTOR 2 HRS	0			_
	1 S 19TH ST TACOMA WA 98466-6100		<u> </u>	<b></b>	0	0
	EN MYRICK	- SECRETARY 2 HRS	_			_
	1 PACIFIC AVE 4TH FLOOR TACOMA WA 98402		0	<b> </b>	0	0
	NE KROLL	- DIRECTOR 2 HRS				
800	OAKESDALE AVE SW RENTON WA 98057		0	1	0	0
MIC	HAEL KOETJE	- DIRECTOR 2 HRS		į		
940	FARWEST DR SW LAKEWOOD WA 98498-1999	DIRECTOR 2 TRS	0	·	0	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>\</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ WASHINGTON			
42a	The organization's books are in care of ▶ PETER J GRIGNON, CPA Telephone no. ▶	25359	77486	
	Located at ► 1501 PACIFIC AVE 4TH FLOOR TACOMA WA ZIP + 4 ►	98406	-2215	
b		;		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	<u>No</u>
	account)?	42b		✓
	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.			
С		42c		
Ü	If "Yes," enter the name of the foreign country:			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<del></del> }
	Form 990-EZ	44		<b>√</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		-000		

Page	4

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section <b>4947(a)(1) none:</b> 47(a)(1) nonexempt chari nd 51.	xempt charitab table trusts mus	le trusts only. A t answer questio	ll section ns 46–49b
	Old the organization engage in direct or indirect candidates for public office? If "Yes," complete				Yes No
47	DId the organization engage In lobbying activitie	s? If "Yes," complete Sche	dule C, Part II .		47 🗸
	is the organization a school as described in section. Did the organization make any transfers to an ex		48 ✓ 49a ✓		
	ff "Yes," was the related organization a section 5		49b V		
50	Complete this table for the organization's five hi	ghest compensated employ	yees (other than o	fficers, directors, t	
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to	(a) Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances
NONE					
<b>-</b>					_
f	Total number of other employees paid over \$10	1 000	<u> </u>	J	<u> </u>
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			pe of service	(c) Compensation
NONE					
				,	
					<u>-</u>
d	Total number of other independent contractors	each receiving over \$100,0	00▶		
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration				
Sign Here	Signature of office	-10		C/23	12010
	Type or print name and title	DR			
Paid Prepar	Preparer's signature	Dete	Check if self- employed ►	Preparer's Identifying nu	mber (See instructions)
Use Or			EI Pi	N ►	
May th	e IRS discuss this return with the preparer show	vn above? See Instructions		▶ [	Yes No No (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

		of the Treasury	<b>▶</b> At	tach to Form 990 or Fo	rm 990-E	Z. ▶See	separate	instructio	ns.	.0	pen to Public * Inspection
		he organization							Employe	r ldentilleat	ion number
FIR	STE	IVE FUNDAN	MENTALS OF PI	ERCE COUNTY					80	0	209462
Pa	ď.	Reason	for Public Ch	arity Status (All org	ganizatio	ns must	comple	te this	oart.) Se	e instruc	tions
				dation because it is:						•	
1			•	ches, or association		_					
2	$\Box$	•		n 170(b)(1)(A)(ii). (Att					/ - / / - / / - / / -	707-	
3	$\bar{\Box}$			ospital service organ			in sectio	n 170(b)(	1)(A)(iii).		
4		A medical re	search organizat	tion operated in conjute:	unction w	ith a hos	spital des	scribed in	section		)(A)(iii). Enter the
5		An organizati		the benefit of a colleg							unit described in
6		A federal, sta	ate, or local gove	ernment or governme	ental unit	described	d in secti	on 170(b	)(1)(A)(v)		
7	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8				I in section 170(b)(1)		omplete	Part II.)				
9	An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/4 % 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). (Complete Part III.)										
10 11											
		a 🗌 Type			: 🗌 Тур						Type III-Other
e		By checking persons other	this box, I cert	ify that the organizat n managers and other	llon is no	t control	led direc	tly or Ind	lirectly by	one or	more disqualified
f		If the organi	* * * * *	a written determinati					• • • • • • • • • • • • • • • • • • • •		III supporting
g		_	t 17, 2006, has	the organization acce							
		(i) A persor	who directly or	indirectly controls, ening body of the sup				h person	s descrit	ed in (ii)	Yes No
				rson described in (i)							11g(u)
				of a person described							11g(iii)
h				ation about the suppo							
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-8 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat	s the ion to col. zed in the S.?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
						,					
					<u> </u>						· · · · · · · · · · · · · · · · · · ·
							<u> </u>			<del> </del>	

Pär	Support Schedule for Org	anizations	Described in	Sections 17	0(b)(1)(A)(iv) a	and 170(b)(1	)(A)(vi)
500	(Complete only if you check tion A. Public Support	ked the box	on line 5, 7,	or 8 of Part I.	.)		<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
08	eridar year (or riscar year beginning my	(a) 2003	(0) 2000	(0) 2007	(0) 2008	(0) 2009	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")		Ì		43,000	123,000	166,000
	include any unusual grants.				10,000	120,000	100,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			· ·			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u></u>			43,000	123,000	166,000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4.	<u> </u>	<u> 1</u>	<u> </u>	<u> </u>		166,000
	tion B. Total Support			r		<del></del> ,	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	<u> </u>	-		43,000	123,000	166,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5	4	9
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						166,009
12	Gross receipts from related activities, etc	. (see Instructi	ons)		[	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	on's first, seco	nd, third, fourth			n 501(c)(3) . ► ☑
	tion C. Computation of Public Su				1		
14	Public support percentage for 2009 (line		-	1, column (f))		14	<u>%_</u>
15	Public support percentage from 2008 Sc	•				15	<u>%</u>
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33% %		ck this box ► □
ь	33%% support test—2008. If the organibox and stop here. The organization qua	ization did not alifies as a pub	check a box on olicly supported	i line 13 or 16a, organization .	and line 15 is 3	131/2 % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	facts-and-circu	ımstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumstances to organization did not be organization did not	facts-and-circui ances" test. The	mstances" test, e organization qu	check this box alifies as a public	and stop here. It	Explain in Part janization	IV how the

	Support Schedule for Organ (Complete only if you checke	nizations De d the box or	scribed in S n line 9 of Pa	ection 509(a rt l.)	)(2)		
	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09 (1) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	:					,
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1,31 <u> 1,510 (- 2,50</u> 1133					
6	Total. Add lines 1 through 5			).		<del> </del>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	···		1			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>		
8	Public support (Subtract line 7c from line 6.)		<u> </u>		5		
	tion B. Total Support			·		·	
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			<u></u>			
13	Total support. (Add lines 9, 10c, 11, and 12.)			1			
14	First five years. If the Form 990 is for organization, check this box and stop	here			th, or fifth tax		
Sec	ction C. Computation of Public Su					, ,	<del></del>
15 16	Public support percentage for 2009 (line Public support percentage from 2008)	Schedule A, F	Part III, line 15	ine 13, column	(f)	15 16	% %
Sec	ction D. Computation of Investme	nt Income F	ercentage				
17	Investment income percentage for 200	9 (line 10c, co	olumn (f) divid	ed by line 13, o	column (f)) .	17	%
18	Investment income percentage from 26					18	%
	331/3 % support tests — 2009. If the org	anization did	not check the	box on line 14,	and line 15 ls		
b	AALLAL	nization did no	t check a box o	on line 14 or line	19a, and line	16 is mor	e than 33/3 %, and
20	Private foundation. If the organization				b, check this b	ox and s	

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and I	Complete this Part III, line 12.	part to provide the Provide any other	the explanations re er additional inform	quired by Part II, line 10; nation. See instructions.
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#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

20**09** 

Department of the Treasury Internal Revenue Service

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

• Complete if the organization is described below.

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

Open to Public Inspection

If the	f the organization answered "Yes," to Form 990, Part IV, line⁻3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then ■ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.									
	-	on 501(c)(3)) organizations: Complete		ow. Do not comp	lete Part	I-B.				
• 5	Section 527 organizations: Con	nplete Part I-A only.		•						
		that have filed Form 5768 (election un								
• 5	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)): Complete Pa	rt II-B Do	not complete Part II-A.				
If the	organization answered "Yes	," to Form 990, Part IV, line 5 (Prox)	/ Tax), then							
	Section 501(c)(4), (5), or (6) orga	inizations: Complete Part III.								
	ne of organization			İ	Employe	r identification number				
	ST FIVE FUNDAMENTALS				80	0209462	_			
	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.									
2						••••••	·			
3	Volunteer hours				•	·	• •			
Par	t I-B Complete if the	organization is exempt und	er section 501(	c)(3).			_			
1		xcise tax incurred by the organiza			\$		_			
2		xclse tax Incurred by organization								
3		a section 4955 tax, dld it file For				. 🗌 Yes 🗌 N	0			
4a	Was a correction made?					· Yes N	0			
ь	If "Yes," describe in Part I						_			
Par	t I-C Complete if the	organization is exempt und	er section 501(	c), except se	ction 5	01(c)(3).	_			
1	Enter the amount directly activities	expended by the filing organization	on for section 527	•						
2		Ing organization's funds contribute				••••••				
3	Total exempt function exp	penditures. Add lines 1 and 2. Er	iter here and on	Form 1120-PC	L,					
4		file Form 1120-POL for this year?				. 🗌 Yes 🔲 N	 O			
5	Enter the names, addresses	and employer identification numbe	r (EIN) of all section	n 527 political d	rganizati	ons to which payments	5			
	were made. For each organize	zation listed, enter the amount paid fi	rom the filing organ	Ization's funds.	Also ente	r the amount of politica	l			
		were promptly and directly delivered				a separate segregated	t			
	rung or a political action co	mmittee (PAC). If additional space is	needed, provide i	ntormation in Pa	art IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount par filing organiza funds, if none, e	tion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization II none, enter -0-	<i>i</i>			
				!			_			
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Schedule C (Form 990 or 990-EZ) 2009					Paga Z
Part II-A Complete if the organiza under section 501(h)).	tion is exem	pt under section	n <b>501(</b> c)(3) and	filed Form 5768	(election
A Check ► ☐ if the filing organization  B Check ► ☐ if the filing organization				ons apply.	
Limits on Loi (The term "expenditures" (	bbying Expend means amoun	ditures ts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen b Total lobbying expenditures to influen c Total lobbying expenditures (add lines d Other exempt purpose expenditures e Total exempt purpose expenditures (af Lobbying nontaxable amount. Enter the columns.  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but no: over \$1,000,000  Over \$1,000,000 but not over \$1,500,000	t is:  over \$500,000.  over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plu \$1,000,000	s 5% of the excess of	over \$1,500,000.		
(Some organizations that m	r less, enter -0 n either line 1h  Year Averagin nade a section	or line 1i, did the o	rganization file Fo	emplete all of the f	☐ Yes ☐ No
Lobbyii	ng Expenditure	es During 4-Year	Averaging Period	<u>i</u>	
Calendar year (or fiscal year beginning in)	(a) 2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
Grassroots ceiling amount     (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schodulo C (Form 990 or 990-EZ) 2009

Part II-B		Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	T filed Form 5768			
			(2	1)	<b></b>	(p)	
			Yes	No	A	moun	t
1	legislati	the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:					
а	Volunte	ers?	<u></u>	✓	İ		
b	Pald sta	ff or management (Include compensation in expenses reported on lines 1c through 1i)? .	<b>✓</b>		· ·		
C		dvertisements?	<u></u>	<b>✓</b>	<del> </del>		1.50
d	_	s to members, legislators, or the public?	<b>✓</b>		<del></del>		150
е		tions, or published or broadcast statements?		<b>✓</b>	<del></del>		
f		to other organizations for lobbying purposes?	1	_ <b>-v</b>			150
g		contact with legislators, their staffs, government officials, or a legislative body?	<b> </b>	1	<b>-</b>		150
h i		demonstrations, seminars, conventions, speeches, lectures, or any similar means? . ctivities? If "Yes," describe in Part IV		7			_
j		A second control of the second control of th	-	<u> </u>			
) 2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			
		* enter the amount of any tax incurred under section 4912			İ		
		enter the amount of any tax incurred by organization managers under section 4912	1				
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		*	<u> </u>		
		Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(	5), o	r sect	ion	•
						Yes	No
1	Were s	ubstantially all (90% or more) dues received nondeductible by members?			1		
2	Dld the	organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3		organization agree to carryover lobbying and political expenditures from the prior year?		<u>.</u>	3	<u> </u>	
Pai	t III-B	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."					ed
1	Dues, a	ssessments and similar amounts from members		1			
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of polices for which the section 527(f) tax was paid).	ltical				
a	Current	year		2a	L		
b	Carryov	er from last year		2b	<u> </u>		
C	Total .			2c	<b>├</b>		
3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3	<b>├</b> ──		
4	excess	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lob					
_		itical expenditure next year?		4 5	—		·
د 1		e amount of lobbying and political expenditures (see instructions)	·	<u> 5</u>	L		
	rt IV	Supplemental Information					
	•	is part to provide the descriptions required for Part I-A, Ilne 1; Part I-B, line 4; Part I-C, ete this part for any additional information.	line 5	; and	Part II-	B, lin	e 1i.
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Part IV.	Supplemental Information (continued)						
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### FIRST FIVE FUNDAMENTALS OF PIERCE COUNTY 80-0209462 2009 FORM 990EZ PART I LINE 16 OTHER EXPENSES

OFFICE SUPPLIES \$ 407
PHONE 650
INSURANCE 1,668
TRAVEL 1,158
MEETINGS 298
SPECIAL EVENTS 2,253
DUES 10

TOTAL \$6,444

FIRST FIVE FUNDAMENTALS 80-0209462 PART III EXEMPT PURPOSE 2009 FORM 990EZ

Using existing community organizations, First Five Fundamentals creates and implements a system ensuring all levels of child care for young children are intentionally engaged in developmentally appropriate learning and Pierce County children start school ready for success.

# FIRST FIVE FUNDAMENTALS 80-0209462 PART III STATEMENT OF PROGRAM ACCOMPLISHMENTS 2009 FORM 990EZ

Program accomplishments are as follows:

Special Needs Referral program helped 73 families find and keep early care and education

Professional Development Coaching provided to more than 30 sites

32 scholarships provided to college students within early learning field

Child Care Resource Center visited by 453 caregivers

Nearly 3,000 early learning messages aired

Over 15,000 enrollments in at least one of the first 5 FUNdamentals strategies

125 children provided with developmental screenings

Substitute Bank used 324 times by child care providers to continue providing care during training or leave time

102 families and 148 kids receiving intensive home visiting services

179 teachers, parents and childcare providers linked together to ensure successful transition to kindergarten

Total Expenses Line 17 Form 990	\$120,529
Administration (9%)	(10,848)
Fundraising (5%)	<u>( 6,026)</u>
Total Program Expenses – line 32	\$103,655

FIRST FIVE FUNDAMENTALS 80-0209462 PART III STATEMENT OF PROGRAM ACCOMPLISHMENTS 2009 FORM 990EZ Page 2

#### IN KIND CONTRIBUTIONS:

In addition in kind services were provided to First Five Fundamentals in support of the above noted program accomplishments:

\$4,800 of rent for free (400sf x \$12sf)

\$2,400 of IT support and maintenance which includes the use of two computers, copier, printer

\$3,600 of accounting support (36hours @100)

A total of \$11,800 of in kind support