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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring 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

A For the 2009 calendar year, or tax year beginning , 2009, and ending

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization: GREATER KIRKLAND CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address): 401 PARKPLACE CENTER — Room/suite: 102

City or town, state or country, and ZIP + 4: KIRKLAND, WA 98033

D Employer identification number: 91-0661858

E Telephone number: (425) 822-7066

F Group Exemption Number ▶

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

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.KIRKLANDCHAMBER.ORG

J Tax-exempt status (check only one) - [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 233,047.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	29,386.
	3	Membership dues and assessments		3	109,859.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ OGDEN, UT of contributions reported on line 1)	6a	93,802.	
	b	Less direct expenses other than fundraising expenses	6b	52,976.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 1		6c	40,826.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	180,071.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	159,630.
	13	Professional fees and other payments to independent contractors		13	10,104.
	14	Occupancy, rent, utilities, and maintenance		14	14,554.
	15	Printing, publications, postage, and shipping		15	3,964.
	16	Other expenses (describe ▶ ATCH 2)		16	48,506.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	236,758.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-56,687.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-16,925.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	-73,612.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments ATCH 3	0.	22	0.
23	Land and buildings	10,614.	23	9,935.
24	Other assets (describe ▶ ATCH 4)	157,107.	24	158,208.
25	**Total assets**	167,721.	25	168,143.
26	**Total liabilities** (describe ▶ ATCH 5)	184,646.	26	241,755.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	-16,925.	27	-73,612.

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

What is the organization's primary exempt purpose? ATCH 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ATTACHMENT 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a** 10,503.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 10,503.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances
ATTACHMENT 8		63,548.	-0-	-0-

Part V 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	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		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
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		
c	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 ▶			
e	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		X

41 List the states with which a copy of this return is filed ▶WA,

42 a The organization's books are in care of ▶BILL VADINO Telephone no ▶ 425-822-7066
Located at ▶401 PARKPLACE CENTER, 102, KIRKLAND, WA ZIP + 4 ▶ 98033

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(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

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over $100,000 ▶

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

Sign Here

▶ Signature of officer Date

▶ BILL VADINO, EXECUTIVE DIRECTOR Type or print name and title 5/10/10

Paid Preparer's Use Only

Preparer's signature ▶	Date 5/7/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions) P00038691
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HERSMAN SERLES ALMOND, PLLC PO BOX 789 KIRKLAND, WA 98083-0789		EIN ▶ 26-4691602	Phone no ▶ 425-822-6557

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

Form **990-EZ** (2009)

JSA

9E1031 1 000

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
GREATER KIRKLAND CHAMBER OF COMMERCE

Employer identification number
91-0661858

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	93,802.			93,802.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	93,802.			93,802.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,976.			52,976.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(52,976.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				40,826.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in.				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ _____				
	Address ▶ _____				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____				
c	If "Yes," enter name and address of the third party				
	Name ▶ _____				
	Address ▶ _____				
16	Gaming manager information:				
	Name ▶ _____				
	Gaming manager compensation ▶$ _____				
	Description of services provided ▶ _____				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990EZ - GENERAL EXPLANATION ATTACHMENT

PART VI, SECTION C

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

GREATER KIRKLAND CHAMBER OF COMMERCE 91-0661858

ATTACHMENT 1

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	93,802.	52,976.	40,826.
TOTALS	93,802.	52,976.	40,826.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

CONFERENCES, CONVENTIONS	8,995.
INTEREST	2,112.
DEPRECIATION	679.
DUES AND SUBSCRIPTIONS	791.
MARKETING	2,673.
MEMBERSHIP DEVELOPMENT	2,604.
NEWSLETTER	8,069.
WEBSITE	1,508.
UTILITIES	4,853.
OFFICE	5,800.
PAYROLL PROCESSING FEES	1,400.
BANK CHARGES	3,936.
EXECUTIVE EXPENSES	1,387.
VEHICLE EXPENSE	32.
LICENSE AND FEES	435.
PROFESSIONAL FEES	1,294.
INSURANCE	1,938.
TOTAL	48,506.

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	0.	0.
TOTALS	0.	0.

ATTACHMENT 4

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PREPAID EXPENSES OR DEFERRED CHARGES	157,107.	158,208.
TOTALS	157,107.	158,208.

ATTACHMENT 5

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		4,740.
MORTGAGES AND OTHER NOTES PAYABLE	24,000.	50,000.
DEPOSITS- NETWORKING EVENTS	155,544.	180,526.
BANK OVERDRAFT	5,102.	6,489.
TOTALS	184,646.	241,755.

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTING GREATER KIRKLAND BUSINESSES AND COMMUNITY SERVICE

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 7

PROGRAM SERVICE ACCOMPLISHMENT 1

ACTIVITES IN WHICH REVENUE IS RECEIVED ARE RELATED TO THE EX
PURPOSES INCLUDING PROMOTING KIRKLAND BUSINESSES AND ECONOMI
DEVELOPMENT, PROMOTING KIRKLAND, AND PROMOTING NETWORKING AM
MEMBERS. THIS IS ACCOMPLISHED THROUGH VARIOUS MEMBERSHIP AN
PUBLIC EVENTS AND PUBLICATIONS.

GREATER KIRKLAND CHAMBER OF COMMERCE 91-0661858

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
BILL VADINO 401 PARKPLACE, SUITE 102 KIRKLAND, WA 98033	EXECUTIVE DIRECTOR 40.00	63,548.
DOUG DAVIS 101 LAKE ST S KIRKLAND, WA 98033	VP, EVENTS 5.00	
VAL GURIN 9757 NE JUANITA DRIVE, SUITE 208 KIRKLAND, WA 98034	VP, MEMBERSHIP 5.00	
JEFF HOERTH 7027 NE 134TH ST KIRKLAND, WA 98034	VP, COMMUNICATION 5.00	
STEVE BROWN 12040 NE 128TH ST, MAIL STOP #28 KIRKLAND, WA 98034	VP, COMMUNICATION OUTREACH 5.00	
MICHELLE GOERDEL 10900 NE 8TH ST, #100 BELLEVUE, WA 98004	PRESIDENT 5.00	
PATRICK FITZGERALD 11922 98TH AVENUE NE	DIRECTOR 5.00	

GREATER KIRKLAND CHAMBER OF COMMERCE 91-0661858

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
KIRKLAND, WA 98034		
MOLLY WOLNIEWICZ 13000 TOTEM LAKE BLVD KIRKLAND, WA 98034	DIRECTOR 5.00	
SHIRLEY DAY 452 CENTRAL WAY KIRKLAND, WA 98033	DIRECTOR 5.00	
ANN FERGUSON 9805 NE 116TH, SUITE 7135 KIRKLAND, WA 98034	DIRECTOR 5.00	
RICK GREGOREK 3450 CARILLON POINT KIRKLAND, WA 98033	DIRECTOR	
DAVID MANNING 218 MAIN STREET KIRKLAND, WA 98033	DIRECTOR 5.00	
DR. CHIP KIMBALL PO BOX 97039 REDMOND, WA 97039	OFFICER 5.00	

GREATER KIRKLAND CHAMBER OF COMMERCE 91-0661858

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
DAVE RAMSAY 123 5TH AVENUE KIRKLAND, WA 98033	OFFICER 5.00	
MARK SHINSTROM 525 KIRKLAND WAY KIRKLAND, WA 98033	OFFCIER 5.00	
JASON FRANCIS 230 MAIN STREET KIRKLAND, WA 98033	VP, FINANCE 5.00	
JOE COAKLEY 11410 NE 124TH STREET, #663 KIRKLAND, WA 98034	VP, PUBLIC POLICY 5.00	
LYNLY CALLAWAY 3933 LK WA BLVD NE, SUITE 100 KIRKLAND, WA 98033	VP, NETWORKING 5.00	
ELIZABETH CASE 801 2ND AVENUE, SUITE 210 SEATTLE, WA 98104	DIRECTOR 5.00	
RON PARKER 911 5TH AVENUE, SUITE 100	DIRECTOR 5.00	

GREATER KIRKLAND CHAMBER OF COMMERCE 91-0661858

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
KIRKLAND, WA 98033		
KATHY FEEK 10210 NE POINTS DRIVE, SUITE 110 KIRKLAND, WA 98033	DIRECTOR 5.00	
JIM HUTCHINSON PO BOX 97034 MAIL STOP 11W BELLEVUE, WA 98009	DIRECTOR 5.00	
ETHAN YARBROUGH 10210 NE POINTS DRIVE, SUITE 200 KIRKLAND, WA 98033	DIRECTOR 5.00	
MELISSA ACTON-BUZARD 520 KIRKLAND WAY, SUITE 101 KIRKLAND, WA 98033	OFFICER 5.00	
MARIANNA HANEFELD KIRKLAND, WA 98033	OFFICER 5.00	
GRAND TOTALS		63,548.