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DLN: 93493221008270

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

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number B Check if applicable Please Plymouth Housing Group use IRS label or Address change -1122621 Doina Business As E Telephone number print or type. See Name change (206) 374-9409 Specific ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 13,611,470 2113 Third Avenue Terminated tions. City or town, state or country, and ZIP + 4 Amended return Seattle, WA 98121 Application pending Name and address of principal officer Is this a group return for Paul Lambros affiliates? 2113 Third Avenue Seattle, WA 98121 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 **Website:** ► www PlymouthHousing org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1980 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities Develops and manages affordable housing for homeless and very low income individuals Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 18 Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) 18 162 Total number of employees (Part V, line 2a) . 284 Total number of volunteers (estimate if necessary) . . . Total gross unrelated business revenue from Part VIII, column (C), line 12 . 71,275 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,092,277 10,511,947 Program service revenue (Part VIII, line 2g) . 1,928,188 2,253,266 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,644,009 333,472 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 92,441 11 273,620 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 12,866,048 8,263,172 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 3,630,335 3,623,711 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶405,911 b 6,910,892 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 2,167,773 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,798,108 10,534,603 Revenue less expenses Subtract line 18 from line 12 . 2,465,064 2,331,445 t Assets or nd Balances Beginning of Current **End of Year** Year 29,338,105 29,039,655 20 Total assets (Part X, line 16) . 8,059,576 21 Total liabilities (Part X, line 26) . 10,677,749 22 Net assets or fund balances Subtract line 21 from line 20 18,660,356 20,980,079 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2010-08-09 Signature of officer Here Diane Pietrowski Chief Financial Officer Type or print name and title Date Check if Preparer's identifying number Preparer's 2010-08-09 Susan Reilly (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Watson & McDonell CPAs PLLC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 600 University Street Suite 2828 Phone no (206) 624-2380 Seattle, WA 981013301

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

 Briefly describe the organization' 	ı's	mission
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PHG works to eliminate homelessness and stabilize homeless and very low-income people in housing by preserving, developing and operating safe, decent affordable housing, and by providing opportunities for homeless and very low-income people to improve their lives

2	Did the organization undertake an the prior Form 990 or 990-EZ?	y sıgnıfıcant program s		which were not listed on	✓ Yes │ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conducts services?		nt changes in how it cor	nducts, any program	✓ Yes │ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total exp	organizations and sect	ion 4947(a)(1) trusts a	re required to report the am	•
4a	(Code) (Expens	ses \$ 2,054,549	ıncludıng grants of \$) (Revenue \$	1,446,546)
	HOUSING PROVIDER -In 2009, Plymouth Of these, 199 units in 3 buildings were of PHG is the managing general partner or PHG as the project sponsor All PHG tena households with less than 30% AMI. Ow physical disability, involvement with the their housing stability and prevent relaptical Anderson House, 24 units for tenant Lewiston Apartments, 50 units - Pacific Apartments, 64 units - Scargo Apartments.	owned by PHG, 607 units in main member, and 24 units ints have incomes below 60 er 600 units serve individual criminal justice system and ses into homelessness Durins living with HIV/AIDS - Day Apartments, 112 units - Plyn	7 buildings were owned by ta s in 1 building was owned by % of the area median income s coming from homelessness, /or chemical addiction issues g 2009, Plymouth owned and i'd Colwell Building, 126 units nouth on Stewart Apartments	ex credit limited partnerships or ling a single-asset entity formed to over (AMI), with over 600 units target many of whom have special nee PHG offers on-site social services managed the following affordables - Gatewood Apartments, 96 units, 87 units - Plymouth Place Apartri	nited liability companies in which wn a HUD-financed property, with sting, and affordable to, eds including mental illness, is to these individuals to ensure the housing properties in Seattle - Haddon Hall, 55 units -
4b	(Code) (Expens	es \$ 7.021.665	ıncludıng grants of \$) (Revenue \$	405,760)
	SOCIAL SERVICES - Over 600 of our hot disability, involvement with the criminal housed. These supportive services including individuals The Begin at Home Program, disabling conditions that leave them with disabled and low-income individuals and Housing Support Program, designed to community resources such as healthcare and cleaning supplies to assist tenants denhance tenants' technology skills The Copportunities include access to coffee homeetings.	using units house individuals justice system and/or chem de The Coming Home Progrowhich works to rapidly hou hino other housing options of families. It provides housing oster a sense of community e, dental care, mental health uring their transition into pe on Call Program, which give	coming from homelessness, nical addiction issues PHG proam, which provides six month se individuals who have strug. The Shelter Plus Care Program is subsidy and case managen by providing continued stabil in care and area food banks Commanent housing Computer R is tenants opportunities to gain	wides a range of supportive servins of intensive stabilization supporting by the long-term or repeated in, which is a permanent supportive nent services to 720 households to ization support services, community artis Tenant Supply Closet, which esource Centers, which provide so job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in job skills by training them as from the services in the serv	tes to help tenants remain stably terrices to formerly homeless homelessness and the resulting e housing program for homeless, hroughout King County The lity activities and access to provides linens, household goods pace, equipment and instruction to both desk and janitorial staff Tenant.
4c	(Code) (Expens	ses \$ 139,713	ıncludıng grants of \$) (Revenue \$	330,987)
	HOUSING DEVELOPMENT - PHG purchase low-income housing for the chronically he fundraising and development activities respected in July, 2010	ed a parking lot in 2008, loc nomeless Construction bega	rated at First & Cedar in Seatt in in June, 2009, with comple	le PHG is currently developing th tion expected in July, 2010 Durir	is property to provide 84 units of a 2009, PHG conducted
4d	Other program services (Descri	•	ο . 6 . Φ	\/Payanya #	,
	(Expenses \$	including grants of	·) (Revenue \$,
4e	Total program service expenses	- \$ 9,215,9	27		

art TV	Checklist	of Peguire	d Schedules
	CHECKHISL	JI KEUUIIE	u ocneuules

Par	t IV Checklist of Required Schedules			
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		Νo
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		
	complete Schedule L, Part IV	28b		No_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νo
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	Yes	
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		Νο
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	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 gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-	Yes	
h	return?	3a 3b	Yes	
а	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)?	4a	163	No
b	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			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N c
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

2113 Third Avenue Seattle, WA 98121 (206) 374-9409

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
b	Enter the number of voting members that are independent 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
	•			110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, 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	Yes	
b	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 the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	The Organization	-		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- 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, or 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 compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) A verage hours	Posit tl	(C non (chec		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Leslie Christian President	2 00	Х		Х				0	0	0	
Lynn Beck Vice President	2 00	Х		Х				0	0	0	
Angus Cunningham Secretary	2 00	Х		Х				0	0	0	
Craig Neyman Treasurer	2 00	Х		Х				0	0	0	
David Beitel Board Member	2 00	Х						0	0	0	
Ken Carter Board Member	2 00	х						0	0	0	
Stuart C Campbell Board Member	2 00	Х						0	0	0	
Barbara Nystrom Board Member	2 00	Х						0	0	0	
Tyrone Edwards Board Member	2 00	Х						0	0	0	
Carol Ann Hiller Board Member	2 00	Х						0	0	0	
Tım Kerr Board Member	2 00	Х						0	0	0	
Lyn Krizanich Board Member	2 00	Х						0	0	0	
Stewart Landefeld Board Member	2 00	Х						0	0	0	
John McHale Board Member	2 00	Х						0	0	0	
Don Mitchell Board Member	2 00	Х						0	0	0	
Erın Page Board Member	2 00	Х						0	0	0	
David Poston Board Member	2 00	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Charles Rosenberry Board Member	2 00	х						0	0	0
Mary Stevens Board Member	2 00	х						0	0	0
Tracey Wickersham Board Member	2 00	х						0	0	0
Jıll Zaremba Board Member	2 00	х						0	0	0
Paul Lambros Executive Director	40 00			х				137,161	0	0
Katherine Roseth Chief Operations Officer	40 00			Х				96,502	0	0
Diane Pietrowski Chief Finance Officer	40 00			х				110,625	0	0
							<u> </u>			
1b Total						i	•	344,288	0	0

\$100,000 in reportable compensation from the organization -2

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Marpac Construction LLC 1225 South Weller St Suite 500 Seattle, WA 98144	Construction	314,022
Stickney Murphy Romine ArchitectsPLLC 911 Western Avenue Suite 200 Seattle, WA 98104	Architectural Services	233,128
Williams & Associates 307 Blanchard Street Seattle, WA 98121	Developer Services	138,000
Takal number of understand and an above to the control of the cont		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization $\blacktriangleright 3$

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts st	1a	Federated camp	paigns 1a	190,000				
<u>6</u> 29	ь							
ts, am	c	•		368,977				
<u> </u>	d	Related organizations 1d Government grants (contributions) 1e		6,947,389				
ons sin	e f	_		3,005,581				-
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above Noncash contributions included in lines 1a-1f \$ \frac{87,314}{}						
S မှ	h	Total. Add lines	s 1a-1f	►	10,511,947			
<u> </u>				Business Code				
ven	2a	Management Fees		531,310	756,865	756,865		
ē	Ь	Rental Income		531,110	434,576	434,576		
Program Serwce Revenue	С	Administration Fees 531,390			405,760	405,760		
	d	Developer Fees		531,390	330,987	330,987		
Ē	e f	All other progra	am service revenue					
ĵ) L	•							
<u></u>	g		s 2a-2f		1,928,188			
	3		ome (including dividendar ar amounts)	. F	332,780	304,848		27,932
	4		stment of tax-exempt bond	⊢	·			•
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents	568,685 434,992					
	Ь	Less rental expenses						
	C	Rental income or (loss)	133,693					
	d	Net rental incor	me or (loss)		133,693		65,675	68,018
	7a	Gross amount from sales of assets other than inventory Less cost or	(i) Securities 275,163 274,471	(II) O ther				
	Ь	other basis and sales expenses	274,471					
	С	Gain or (loss)	692					
	d	Net gaın or (los	s)	▶	692			692
Other Revenue	8a	¥	luding ,850 s reported on line 1c) se 18					
je.	ь	Less direct evi	a penses b	368,977 35,959				
₹	С		(loss) from fundraising		2,891			2,891
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	• *					
	ь	Less cost of go	oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous		Business Code 531,390	30,585	30,585		
	11a	Reimbursement		531,390	5,600	30,585	5,600	
	Ь	Advertsing - Si	-	900,099	491	491	3,000	
	l 4	Consulting & O		300,039	-80,819	-80,819		
	d e	Total. Add lines		<u> </u>	30,019	55,619		
	12		See Instructions		-44,143	2.402.22	7. 0	20.555
	I				12,866,048	2,183,293	71,275	99,533

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
_	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $,$ line 21 $$				
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				
5	Compensation of current officers, directors, trustees, and key employees	327,454	142,555	138,022	46,877
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	327,434	142,333	130,022	40,877
7	Other salaries and wages	2,468,933	1,966,564	417,037	85,332
8	Pension plan contributions (include section 401(k) and section		_,===,===	121,227	,
_	403(b) employer contributions)	121,521	92,835	22,659	6,027
9	Other employee benefits	440,454	372,708	53,191	14,555
10	Payroll taxes	265,349	212,079	43,626	9,644
11	Fees for services (non-employees)				
а	Management	10,113	5,599	4,072	442
b	Legal	6,744	5,467	1,277	
С	Accounting	72,000	59,622	12,378	
d	Lobbying	15,000	15,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	58,530	13,550	11,138	33,842
12	Advertising and promotion	199,998	35,325		164,673
13	Office expenses	205,707	140,742	52,339	12,626
14	Information technology	63,088	40,248	8,498	14,342
15	Royalties	·	,	·	<u> </u>
16	Occupancy	658,924	623,421	32,714	2,789
17	Travel	18,411	17,834	218	359
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,111	17,65	210	
19	Conferences, conventions, and meetings	33,901	20,478	11,015	2,408
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	491,082	457,063	34,019	
23	Insurance	65,251		· · · · · · · · · · · · · · · · · · ·	209
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	Client Assist & Soc Se	4,777,262	4,777,262		
b	Reimbursements	148,434	148,434		
c	Taxes, Licenses & Fees	73,275	7,802	57,844	7,629
d	Bad Debt	13,172	9,015		4,157
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,534,603	9,215,927	912,765	405,911
26	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 fundraising solicitation				
. —		•	•	•	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,548,733	1	1,600,857
	2	Savings and temporary cash investments			10,878	2	709,472
	3	Pledges and grants receivable, net			390,669	3	1,059,008
	4	Accounts receivable, net			99,981	4	166,543
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under so persons described in section $4958(c)(3)(B)$ Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
	7	Notes and loans receivable, net	7,996,171	7	8,913,869		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			124,545	9	180,063
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	13,924,394			
	ь	Less accumulated depreciation	10b	6,140,747	8,271,185	10c	7,783,647
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11			10,843,590	13	8,577,547
	14	Intangible assets			7,262	14	4,357
	15	Other assets See Part IV, line 11			45,091	15	44,292
	16	Total assets. Add lines 1 through 15 (must equal line 34)			29,338,105	16	29,039,655
	17	Accounts payable and accrued expenses .	584,860	17	855,729		
	18	Grants payable		18			
	19	Deferred revenue		19	1,119		
	20	Tax-exempt bond liabilities		20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ein		persons Complete Part II of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrelated third parties			9,639,771	23	6,704,266
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			453,118	25	498,462
	26	Total liabilities. Add lines 17 through 25			10,677,749	26	8,059,576
Fund Balances		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	let e li	nes 27			
an	27	Unrestricted net assets			17,800,072	27	18,737,476
Ba	28	Temporarily restricted net assets			860,284	28	2,242,603
Σ	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
- 		lines 30 through 34.					
\$	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ď	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			18,660,356	33	20,980,079
_	34	Total liabilities and net assets/fund balances			29,338,105	34	29,039,655

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

Plymo	outh Ho	using Group	1122621							
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.)		tions						
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)	oce moduce	cions						
1	Ĕ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	Ē	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii	i).							
4	Ė	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
	·	hospital's name, city, and state		` ,						
5	Г	An organization operated for the benefit of a college or university owned or operated by a gove	rnmental unit	t describe	- d ın					
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	✓	An organization that normally receives a substantial part of its support from a governmental undescribed in section 170(b)(1)(A)(vi) (Complete Part II)	nit or from the	e general	public					
	_									
8 9	<u>'</u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	ı	An organization that normally receives (1) more than 331/3% 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 331/3% of								
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a								
11	ļ	An organization organized and operated exclusively for the benefit of, to perform the functions one or more publicly supported organizations described in section 509(a)(1) or section 509(a the box that describes the type of supporting organization and complete lines 11e through 11l a Type I b Type II c Type III - Functionally integrated)(2) See sect h		a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by o other than foundation managers and other than one or more publicly supported organizations d section 509(a)(2)		•	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type II or check this box	Type III sup	porting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons described	ın (II)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>				
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	organization orga (described on EIN lines 1-9 above your		col (i) listed in col		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	* .	2,771,93	7 4,590,025	4,204,757	3,143,815	10),511,947	25,222,481
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							
4 5	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	2,771,93	7 4,590,025	4,204,757	3,143,815	10),511,947	25,222,481
	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							1,311,723
6	(f) Public Support. Subtract line 5 from line 4							23,910,758
S	ection B. Total Support	1			I			
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	2,771,937	628,245	4,204,757	3,143,815	10	,511,947	25,222,481
8	Gross income from interest,	, ,	,	, ,				· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	634,647	628,245	411,861	332,435		472,661	2,479,849
9	Net income from unrelated business activities, whether or not the business is regularly carried on			93,138	245,227		71,275	409,640
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		25,000		969			25,969
11	Total support (Add lines 7 through 10)							28,137,939
12	Gross receipts from related activiti					12		12,742,064
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	eation, ▶☐
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fl)		14		84 980 %
- · 15	Public Support Percentage for 2008	•		11 cord (17)		15		
				on line 13 and l	ine 14 is 33 1/3%		checkt	92 070 % his hox
b	a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. 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.							
Ь	organization 10%-facts-and-circumstances test	—2008. If the org	anızatıon dıd not c	heck a box on lir	ne 13, 16a, 16b, o	r 17a an	ıd lıne	►
18	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets th tion meets the "i	e "facts and cırcu Facts and cırcumst	mstances" test, o ances" test The	check this box and organization qual	d stop he ifies as a	e re. a publicly	▶┌
	instructions	ion ala not check	Ca box on fine 15,	100, 100, 1700	T T D, CHECK HIIS	DON GIIU	J.G.C	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493221008270

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	, , ,	01(c)(3)) organizations. Complete Part	s I-A and C belov	N Do not complete Part I-B	
	ection 527 organizations Complete	•			
		s," to Form 990, Part IV, Line 4, or	•	, , ,	• •
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	: have filed Form 5768 (election under s : have NOT filed Form 5768 (election ur	` ' ' '	•	•
		s," to Form 990, Part IV, Line 5 (Pro			
	ection 501(c)(4), (5), or (6) organiz		JAY 14A, 01 1011	in 550-Ez, inic 55a (regard	anig proxy taxy, then
Νa	ame of the organization			Employer iden	tification number
Ply	mouth Housing Group				
Dar	rt I-A Complete if the or	ganization is exempt under s	section 501/a	91-1122621 c) or is a section 527	organization
F C	•				organization.
1	Provide a description of the org	ganization's direct and indirect politic	al campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Dai	rt I-B Complete if the or	ganization is exempt under s	section 501/a	-)/3)	
1	<u> </u>	e tax incurred by the organization und			
	•	tax incurred by organization manage			*
2	•	\$			
3	If the organization incurred a s		☐ Yes ☐ No		
4a	Was a correction made?				│ Yes │ No
ь	If "Yes," describe in Part IV				
Par	tt I-C Complete if the or	ganization is exempt under s	section 501(c	c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	t function activities 🕨	\$
2		rganızatıon's funds contributed to oth	ner organizations	for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organization contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to a ittee (PAC) If additional space is ne	the filing organi a separate politio	zation's funds Also enter t cal organization, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000					
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is	s exempt under section 501(c)(3) and has NOT filed Form 5768	3
	(election under section 501(h))).	

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		15,000	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		7,86	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		1,350	
j	Total lines 1c through 1i			24,211	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
		•			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
· '	Activities	\$15,000 was paid to the Housing Levy campaign for renewal of the City of Seattle Housing Levy, and volunteers contacted voters and legislators to encourage support of the Levy Staff attended meetings with gov officials, legislators and industry organizations to promote legislation which will support affordable housing and social svcs for homeless or very low income individuals

1

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DLN: 93493221008270

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	evenue Service F Attach to Fo	orm 990. F See separate instructions.		Inspection
	e of the organization outh Housing Group		Emp	loyer identification number
,			91-	1122621
Par			r Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and other accounts
,	Total number at end of year	(a) Donor advised funds	<u>'</u>	Fullus and other accounts
	·			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the o			red
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			
Par	Conservation Easements. Complete	if the organization answered "Yes	s" to Forn	n 990, Part IV, line 7.
<u>.</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation o Preservation o	f a certifie	ically importantly land area d historic structure onservation
				Held at the End of the Year
	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
	Number of conservation easements modified, transfe the taxable year 🟲		nated by th	ne organization during
,	Number of states where property subject to conserva	ation easement is located 🛌		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		nandling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, insp			
	A mount of expenses incurred in monitoring, inspecti			g the year ► \$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of	section	┌ Yes
	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the text of the organization's accounting for conservation easem	he footnote to the organization's finan	•	•
art	Organizations Maintaining Collectio Complete If the organization answered "	ns of Art, Historical Treasure 'Yes" to Form 990, Part IV, line 8	s, or Otl	her Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or res	earch in fu	
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or researc		•
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
<u>:</u>	If the organization received or held works of art, histofolioning amounts required to be reported under SFA:		ts for finan	
	Revenues included in Form 990, Part VIII, line 1			▶ - \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cai ir</u>	<u>easu</u>	ires, or Ot	ner	Similar	Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	owing t	hat ar	e a significar	t us	e of its col	lection	ו	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	y furthe	rthed	organization's	exe	empt purpo	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					lar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an						n answered	"Ye	es" to For	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions	or other asse	ts n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able					A mou	ınt	
c	Beginning balance						1	c				
d	Additions during the year						1	d				
e	Distributions during the year						1	e				
f	Ending balance						_	f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				<u> </u>			Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to	Form 990, I	art	IV, line	.0.		
		(a)Current Year) Prior `					hree Years Ba)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	danda	dministered	for t	he			
	organization by								Г		Yes	No
	(i) unrelated organizations			•				•		3a(i)		<u> </u>
	(ii) related organizations							•	[3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	[3b		<u> </u>
- Pari						an D	art Y ling 1	n				
	investments Lund, buildings	s, and Equipme	116. 0		Cost or		(b)Cost or oth	Т	(c) Accumu	lated		
	Description of investment				s (invest		basis (other)		depreciat		(d) Bo	ok value
1a L	and		•				735,2	226				735,226
b B	Guildings		•				10,737,8	351	4,99	6,420		5,741,431
c L	easehold improvements		•				1,245,3	389	28	9,143		956,246
	quipment		•				1,205,9	928	85	5,184		350,744
	Other											
	. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>								🕨			

Part VIII Investments—Other Securities. See	Torin 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Investment in Tax Credit Partnerships	1,953,975	С
Reserves	4,270,498	F
Construction in Progress	1,136,750	С
Other Intercompany Receivables	1,216,324	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	770	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descri	JUIOII	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part >		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Advance for Shelter Plus Care	(, line 25. (b) A mount 455,876	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Advance for Shelter Plus Care	(, line 25. (b) A mount 455,876	
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Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Advance for Shelter Plus Care	(, line 25. (b) A mount 455,876	
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Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Advance for Shelter Plus Care	(, line 25. (b) A mount 455,876	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Advance for Shelter Plus Care	(, line 25. (b) A mount 455,876	

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,866,048
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,534,603
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,331,44!
4	Net unrealized gains (losses) on investments	4	2,320
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,042
9	Total adjustments (net) Add lines 4 - 8	9	-11,722
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,319,72
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	13,164,664
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,320		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 432,513		
e	Add lines 2a through 2d	2e	434,83
3	Subtract line 2e from line 1	3	12,729,83
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	136,21
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,866,048
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	10,844,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	432,51
3	Subtract line 2e from line 1	3	10,412,429
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
с	Add lines 4a and 4b	4c	122,174
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,534,603
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Special Events 271 Transfer of First & Cedar income -14313
Part XII, Line 2d - Other Adjustments		Commercial Rental Expenses Netted Against Rental Income 432513
Part XII, Line 4b - Other Adjustments		Special Event Expenses Reported on Functional for Tax 121904 To record income from First & Cedar LLC from 1/1 - 6/11 14313
Part XIII, Line 2d - Other Adjustments		Commercial Rental Expenses Netted Against Rental Income 432513
Part XIII, Line 4b - Other Adjustments		Special Event Expenses Reported on Functional for Tax 122174

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DLN: 93493221008270

OMB No. 1545-0047

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.

	Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitations Old the organization have a written or oral agreement with any individual (including officers, or key employees listed in Form 990, Part VII) or entity in connection with professional functions for yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreement to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required fundraiser have custody or (iv) Gross receipts (ii) Name of individual			Employer identification number 91-1122621					
Pa							to Form		
1	Indicate whether the orga	•		any of the	follow	ing activities Ch			
b c	Internet and e-mail so			f		Solicitation of gov	vernment	grants	
	or key employees listed in If "Yes," list the ten highe	i Form 990, Part VII st paid individuals o	:) or entity r entities	/ in conne (fundraise	ection v ers) pu	vith professional rsuant to agreem	fundraisi ents und	ng activities? er which the fur	
(i) Name of individual or entity (fundraiser)		(ii) Activity	fundraiser have custody or control of		1 , ,		(or re fundra) A mount paid to (or retained by) ndraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			res	NO					
Γot	al			•					

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

			(a) Event #1 Annual Luncheon	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
٠.			(event type)	(event type)	(total number)			
E E	1 Gross	receipts	407,827	7			40	7,827
Revenue	-	Charitable butions	368,977	7			368	8,977
	_	ıncome (lıne 1 lıne 2)	38,850)			38	8,850
	4 Cash	prizes						
t Expenses	5 Non-c	ash prizes						
	6 Rent/1	facility costs	4,000					4,000
	7 Food 8	and beverages	35,959				3!	5,959
Deg D	8 Enter	tainment	67,500				6	7,500
à	9 Other	direct expenses .	39,187	7			39	9,187
	10 Direct	t expense summary Add Iır	nes 4 through 9 ın column	(d)			14	6,646
	11 Netin	come summary Combine I	nes 3, column d, and line	10			-10	7,796
Par		ning. Complete ıf the o ,000 on Form 990-EZ, lı		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
_	1 Gross r	evenue						
ပ္သ	2 Cashp	rızes						
Expenses	3 Non-ca	sh prizes						
	4 Rent/fa	cility costs						
g D L	5 Othero	lirect expenses						
	6 Volunte	eerlabor	│ Yes% │ No	Г Yes	┌ Yes			
	7 Direct	expense summary Add line	s 2 through 5 in column (d)				
	8 Netgar	ming income summary Con	nbine lines 1, column d, a	nd line 7	<u> ▶</u>		T w = =	
9 a		tate(s) in which the organiz nization licensed to operate		<u> </u>	·	. 9a	Yes	No
b	If "No," Ex	plain						
.0a b	Were any o	f the organization's gaming oplain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
.1	Does the o	rganization operate gaming	activities with nonmembe	ers?				
		, , ,						-

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493221008270

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection

Name of the organization Plymouth Housing Group

Employer identification number

91-1122621

Pa	art I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	- etermı	nıng	
	Art—Works of art	аррисавіе		1 g				
_	Art—Works of art							
4								
-	Books and publications Clothing and household							
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Miscellaneous							
25	Auction Other ► (Items)	x	52	87 314	Fair Market Value			
	·		32	07,314	I all Plaiket Value			
	O ther ►() O ther ►()							
	Other ► ()							
20 29	Number of Forms 8283 received	t by the ora	anization during the tax ve	r for contributions				
29	for which the organization comp				29			
			•	J			Yes	No No
30a	a During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangem					300		
31						31	Yes	
32a	a Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νo
h	If "Yes," describe in Part II					<u> </u>		
33		t revenues i	ın column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II		10.a (6) 101 a type of p		, .5 000 (00)			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009

Open to Public

Internal Revenue Service ► Attach to Form 990. Inspection

Name of the organization
Plymouth Housing Group 91-1122621

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	A major renovation was begun at Scargo Apts , to be completed in 2010
Form 990, Part III, line 3	Changes in Program Services	The Shelter Plus Care program activity was previously shown netted, as Plymouth had vendor status Plymouth is now categorized as a grant sub-recipient, so the SPC program revenue & expense are now reported separately on the income statement
Form 990, Part VI, Section B, line 11		The Audit Committee of the Board review's and accepts the Form 990 Copies of the Form 990 are also provided to the full Board
Form 990, Part VI, Section B, line 12c		Conflict of interest forms are completed annually by Board members, officers & key employees Forms noting a possible conflict are reviewed by the Executive Director and Chief Financial Officer Conflicts which might affect Board decision making are presented to the Board President to determine a course of action
Form 990, Part VI, Section B, line 15a		The compensation for the Exec Director is determined by the Executive Committee of the board. The Committee review's data regarding compensation for similarly qualified persons in comparable positions, & documents its decision relithe ED's compensation. The Exec Director is not involved in this compensation review /approval process.
Form 990, Part VI, Section C, line 19		Made available upon request

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DLN: 93493221008270

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public

Department of the Treasury Internal Revenue Service

Plymouth Housing Group

Name of the organization

Inspection

Employer identification number

91-1122621

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

Open Door Ventures

2113 Third Avenue

Seattle, WA 98121 91-1608508 Developing & operating the Cal Anderson House, a 24-unit apartment building

WA

501(c)(3)

Line 7

Yes

No

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(h) (i) (j) (c) (e) **(f)** Share of total income Disproprtionate Code V—UBI (a) Name, address, and EIN of (b) General or Legal (d) (g) Predominant income amount in box 20 of Primary activity domicile Direct controlling Share of end-of-year allocations? managing (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

See Additional Data Table

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(f) (a)
Name, address, and EIN of related organization (c) (h) (d) (e) (g) (b) Share of total Legal domicile Direct controlling Percentage Primary activity Type of entity Share of ıncome (state or entity (C corp, S corp, end-of-year ownership foreign or trust) assets

country)

(3)

(4)

(5)

(6)

Sche	dule R (Form 990) 2009		Ρa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 30	5.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gıft, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	-
p	Reimbursement paid by other organization for expenses	1 p	Yes	
q	O ther transfer of cash or property to other organization(s)	1q	Yes	\vdash
r	O ther transfer of cash or property from other organization(s)	1 r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	 thresholds		
	(b) Transaction Name of other organization (b) type(a-r)	Amoun	(c) it involv	ved
(1) S (2)	e Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: **Software Version:**

EIN: 91-1122621

Name: Plymouth Housing Group

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) , Share of total income (\$)	(g) Share of end-of-year assets (\$)	allocat	oprtionate tions?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gene Mana Part	(j) eral or naging tner?
Colwell Building Limited Partnership	Low-Income Housing	WA		Related	22,790	1,504,274	Yes	No No		Yes	No
2113 Third Avenue Seattle, WA 98121 91-1915783											
First & Denny Limited Partnership	Low-Income Housing	WA		Related	24,971	603,277		No		Yes	
2113 Third Avenue Seattle, WA 98121 91-2097929											
Lewiston Hotel Limited Partnership	Low-Income Housing	WA		Related	-12	525,728		No		Yes	
2113 Third Avenue Seattle, WA 98121 91-1991905											
Pacific Hotel Limited Partnership	Low-Income Housing	WA		Related	6,225	1,829,722		No		Yes	
2113 Third Avenue Seattle, WA98121 91-1608491											
Second & Stewart LLC	Low-Income Housing	WA		Related	-63	1,982,898		No		Yes	
2113 Third Avenue Seattle, WA 98121 20-0510064											
St Charles Hotel LLC 2113 Third Avenue Seattle, WA 98121 91-2176773	Low-Income Housing	WA		Related	-41	813,608		No		Yes	
Third & Blanchard LLC	Low-Income Housing	WA		Related	-66	507,443		No		Yes	
2113 Third Avenue Seattle, WA 98121 20-3066686											
First & Cedar LLC	Low-Income Housing	WA		Related		879,282		No		Yes	
2113 Third Avenue Seattle, WA 98121 26-3836845											

Form 990, Schedule R, Part V - Transactions With Related Organizations

Form 990, Schedule R, Part V - Transactions With Related Organizations								
	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)					
(1)	Third & Blanchard LLC	А	137,195					
(2)	Second & Stewart LLC	А	105,660					
(3)	Third & Blanchard LLC	E	2,635,179					
(4)	St Charles Hotel LLC	E	1,082,068					
(5)	Second & Stewart LLC	E	2,666,815					
(6)	First and Cedar	E	740,939					
(7)	Colwell Building LP	E	1,788,868					
(8)	Third & Blanchard LLC	К	157,131					
(9)	St Charles Hotel LLC	К	73,988					
(10)	Second & Stewart LLC	К	88,353					
(11)	Pacıfic Hotel LP	К	82,577					
(12)	Lewiston Hotel LP	К	65,133					
(13)	First and Cedar	К	179,646					
(14)	Colwell Building LP	К	177,918					
(15)	Third & Blanchard LLC	Q	113,103					
(16)	St Charles Hotel LLC	Q	326,621					
(17)	Pacıfic Hotel LP	Q	416,087					
(18)	Lewiston Hotel LP	Q	621,150					
(19)	First and Denny LP	Q	575,727					
(20)	Colwell Building LP	Q	1,140,197					