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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

Α	For the	2009 calend	lar year,	or tax year beginning , 20	09, an	d ending			, 20	
В		too			D Employer	ident	ification number			
[_	Address	label or State Sta				91-1389963				
듣	Name cha	print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep					E Telephone	numl	per	
7	Initial retu Terminate	1. 140EE4 MALLINGTORD AVENUE N						206-5	42-2915	
∵	Amended	l return	Specific Instruc-	City or town, state or country, and ZIP + 4			F. Group Ex	Group Exemption		
ລ⊡		on pending	tions	SHORELINE, WA 98133			Number			
\simeq^-	• Seci	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must atta	ach	G Accou	Inting Method		Cash Accrual	
7				npleted Schedule A (Form 990 or 990-EZ).		1	(specify) ►		J Odsii [] Accidal	
~- ~				<u> </u>					anization is not	
궈.	Websit	·e· >				1				
			check or	nly one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐	527		Z, or 990-PF		dule B (Form 990,	
	Check									
ξ,				zation is not a section 509(a)(3) supporting organization and its gi rurn is not required, but if the organization chooses to file a retu						
∌ ∵								eturn		
	art I			19 to determine gross receipts, if \$500,000 or more, file Form 990 in				\$	62,408	
				enses, and Changes in Net Assets or Fund Bala	nces	(See the		IS TO		
	1			s, grants, and similar amounts received			. 1	↓_	27,788	
	2			evenue including government fees and contracts			. 2	₩.		
	3	_	•	and assessments			. 3	╄	16,205	
	4	Investment	t incom	e	٠,٠		. 4	<u> </u>	17,681	
	5a			· · · · · · · · · · · · · · · · · · ·	a		2.60			
	b				b _				1	
4	С			sale of assets other than inventory (Subtract line 5b from			. 5с		·	
Ž	6	Special events	s and act	vities (complete applicable parts of Schedule G) if any amount is from ${f g}$	amıng	, check here I		Ę		
Revenue	a	Gross reve	enue (no	t including \$ of contributions			1	1		
ي ق		reported or	n line 1)		a		734	3		
	b	Less: direc	t exper	ses other than fundraising expenses 6	b		0			
	С			s) from special events and activities (Subtract line 6b fro	m line	e 6a)	. 6с	1	734	
	7a			entory, less returns and allowances	1	,	Truey	,		
	b	Less. cost	of good	ls sold	b					
	С		-	ss) from sales of inventory (Subtract line 7b from line 7a)			. 7c	1		
	8	Other rever		• •) 8		-	
	9		•	Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .RECENTED					62,408	
	10			amounts paid (attach schedule)	·····	<u> </u>	. 10		58,000	
	11			for mambara	SC.		11	<u> </u>	50,000	
S	1			npensation, and employee benefits APR 0.5.2010.	10		12			
Se	13			and other payments to independent contractors	100	1	13	┼─	100	
ĕ	. 14			tilities and maintenance	_ ল	•	. 14	\vdash		
Expenses	15			ons, postage, and shipping	• •		15	+	12,292	
	16			escribe SEE ATTACHED LIST		٠			982	
	17) <u>16</u>	 	71374	
	40	Evenes or /	(deficit)	Add lines 10 through 16		•			-8,966	
sts	19			balances at beginning of year (from line 27, column (18	 	-0,300	
SS	'3			reported on prior year's return)	A)) (11	iust agree	7 222	1	477.055	
¥		-	_	•	•	• •	. 19	<u> </u>	477,255	
Net Assets	20			net assets or fund balances (attach explanation)					100.000	
	21			balances at end of year Combine lines 18 through 20			. ▶ 21	<u> </u>	468,289	
5	art II	balance	Snee	ts. If Total assets on line 25, column (B) are \$1,250,000 (Control of the Park II)	or mo	· · · · · · · · · · · · · · · · · · ·		ad o		
	_			(See the instructions for Part II)		(A) Begi	inning of year	ļ	(B) End of year	
2				restments			477,255	1	468,289	
2		nd and build						23		
2		ner assets (d	describe	• •))		24		
2		tal assets					477,255	25	468,289	
2	6 To	tal liabilities	s (desci	ribe ►)			26		
_2	7 N e	t assets or	fund b	alances (line 27 of column (B) must agree with line 21)			477,255	27	468,289	

Part	III Statement of Program Service Accon	plishments (See the	instr	uctions for Part II	l.)	T	Expenses		
What	hat is the organization's primary exempt purpose? TO PROVIDE SCHOLARSHIPS TO GHS GRADUATES.						(Required for section		
Desc	ribe what was achieved in carrying out the or	ganization's exempt pi	urpo	ses. In a clear a	nd concise				
manr	ner, describe the services provided, the number	of persons benefited, a	and o	other relevant info	rmation for		nizations and section (a)(1) trusts; optional		
each	program title.						hers)		
28	GAVE TWENTY-TWO (22) SCHOLARSHIPSSEE A	TTACHED LIST							
				**					
	(Grants \$) If this amount	t includes foreign grants	s, ch	eck here	. ▶ □	28a	58,000		
29						l			
				******		ŀ			
		••••••							
	(Grants \$) If this amoun	includes foreign grants	s, ch	eck here	. ▶ 🗆	29a			
30						İ			
						1			
						İ			
		includes foreign grants				30a	•		
31	Other program services (attach schedule)								
		includes foreign grants				31a			
32	Total program service expenses (add lines 28a	through 31a)			▶	32	58,000		
Part						instruc	tions for Part IV.)		
		(b) Title and average		(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week devoted to position		(If not paid, enter -0)	employee benefit deferred comper	plans & isation	account and other allowances		
JOYC	CE KONICK		_		-				
1697	1-65TH LANE N,.E., KENMORE, WA 98028-3954	PRESIDENT	5	o		0	0		
DIAN	E LOVELL						 .		
1430	NEWPORT WAY, SEATTLE, WA 98122-8560	SECRETARY	4	o		0	0		
PAT	WOODARD								
18554	4 WALLINGFORD AVE.N., SHORELINE,WA 98133	TREASURER	8	o		0	0		
MAR	CELLA RIEDINGER								
19023	3 WALLINGFORD AVE.N., SHORELINE, WA 98133	MEMBERSHIP CHAIR	8	o		0	0		
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•		+							

4.

Form 99	0-EZ (200 9)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
00	District the IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and IDCO IS West and ID		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			,
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ		
ь 38а	Did the organization file Form 1120-POL for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9		} [,
b	Gross receipts, included on line 9, for public use of club facilities	1		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		, ,	
	section 4911 ▶; section 4912 ▶; section 4955 ▶		l `	1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			'
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			,
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
Ū	organization managers or disqualified persons during the year under sections 4912,			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			į
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are at our of a	206-44	2-291	5
	Located at ► 18554 WALLINGFORD AVE. N., SHORELINE, WA ZIP + 4 ►	98133	4227	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		N	NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country.	420	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ▶	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	· '	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	_ :	.,
		45	0-EZ	<u></u>

Part VI

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) nor 47(a)(1) nonexempt chand 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer question	II sec ns 46	——- :tıon 3–49t	b
	Did the organization engage in direct or indirec					Yes	No
	candidates for public office? If "Yes," complete	· ·			46		1
	Did the organization engage in lobbying activitie	•	•		47	 	1
	Is the organization a school as described in section Did the organization make any transfers to an ex-		•		48 49a		1
	If "Yes," was the related organization a section 5	•			49a 49b		1
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated emp	loyees (other than o	fficers, directors, t	ruste	es and	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expension a	ise and
NONE	3033						
					<u> </u>		
		1					
		•					
51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inc		ors who each rece	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	pe of service	(c) Cor	npensa	ation
							· · · · ·
d	Total number of other independent contractors of	each receiving over \$100,	000▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer) is	anying schedules and sta s based on all information	tements, and to the bes of which preparer has a	t of my iny kno	knowle wledge	edge
Sign Here	Patricia M. Mooda Signature of officer	w		3/31/10			
	PATRICIA M. WOODARD, TREASURER Type or pnnt name and title	``~					
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (See	instruct	tions)
Use On	ly yours if self-employed),		EIN				
	address, and ZIP + 4	above? See instructions		one no 🕨	Vec		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

									<u> </u>			
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box)		
1		A church, co	onvention of chu	rches, or association	of church	hes desc	rıbed ın s	ection 1	70(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		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		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).		
7		•		/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	nental uni	t or from	the general public	
8				in section 170(b)(1)		complete	Part II.)					
9	Ø	receipts from support from	n activities relate	receives. (1) more that ed to its exempt function ent income and unre a after June 30, 1975	tions-su lated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its	
10 11 e	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								(a)(2). See section rough 11h Type III-Other more disqualified			
f g		organization	, check this box st 17, 2006, has	a written determinati the organization acce								
				r indirectly controls, ending body of the supp				h persor	is descrit	oed in (ii)	11g(i)	
h		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described at the support the s	ın (ı) or	(II) above	?				11g(ii) 11g(iii)	
		ne of supported rganization (ii) EIN		(described on lines 1–9 above or IRC section		i) Type of organization lescribed on lines 1-9 above or IRC section (iv) Is the organization (v) D the organization in col (i) listed in your the organization col		ou notify nization in of your port?	(vi) Is the organization in col		(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
-												
						ļ <u>.</u>						
									ļ			
]			
						ļ						

	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi) 7
	tion A. Public Support						
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge , .						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>		<u> </u>	1	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2000	(-) 0000	(6) T-4-1
Ca		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1	l, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	%_
16a	33%% support test—2009. If the organization qualifies			•	line 14 is 331/35	% or more, che	ck this box
b	33% % support test—2008. If the organization quality box and stop here. The organization quality				and line 15 is	33½ % or more 	, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here .	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	theck this box a difies as a public	and stop here . bly supported or	Explain in Part ganization	IV how the . ▶ □

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total contributions. grants, membership fees received. (Do not include 30,559 115,358 76,735 40,645 43.993 307,290 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the 690 734 1,424 organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 31,249 115,358 76,735 40,645 308,714 44,727 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . 0 c Add lines 7a and 7b Public support (Subtract line 7c from 308,714 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 76,735 40,645 308,714 31,249 115,358 44,727 Amounts from line 6 . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 17,681 12,981 16,692 24,128 23,639 95,121 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 12.981 16.692 24.128 23,639 17,681 95.121 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 44,230 132.050 100.863 64.284 403.835 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ightharpoonsorganization, check this box and stop here Section C. Computation of Public Support Percentage 76.4 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 78.1 % Section D. Computation of Investment Income Percentage 23.6 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 21.9 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 33%% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and

line 18 is not more than 33%%, 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 >

Additional Information: Form 990EZ—2009

FORM 990EZ, PAGE 2, PART III PROGRAM SERVICE ACCOMPLISHMENTS

Scholarships Awarded:

\$ 1,000	Jonas Myers, Whitman College
2,000	Nhi Lac, Washington State University
2,000	Quynh Tang, University of Washington
2,000	Cheryl Delostrinos, University of Washington
2,000	Cortney Mayo, Seattle Vocational Institute
2,000	Ashaunti Martin-Smith, Academy of Design/Tech.
2,000	Rebeca Feseha, Western Washington University
2,000	Marilyn Moul, University of Washington
2,000	Deng Madut, Universitity of Washington
2,000	Urga Mahamed, Western Washington University
2,000	Daniel Ton, Universal Technical Institute
2,000	Ezedien Kamal, Eastern Washington University
3,500	Joshua Mitchell, University of Houston
3,500	Kiana Cheng, Western Washington University.
3,500	Mary Dunlap, University of Washington
3,500	Alexander Ching, Western Washington University.
3,500	Samrawit Endeshawu, University of Washington
3,500	Yu An Lin, University of Washington.
3,500	Kim Ha Van, University of Washington
3,500	Thomas Huston, New York University
3,500	Rosario Medina, Northwest University
_3,500	Tameka Hammon, University of Washington
\$58,000	TOTAL 2009 Scholarships Awarded Line 28a

Additional Information Form 990EZ—2009

FORM 990Z, PAGE 1, PART I REVENUE AND EXPENSES, LINE 16

OTHER EXPENSES;

Awards	\$ 236
Postage & Supplies	736
State Annual Fee	10

Total Other Exp. \$ 982