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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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.

## A For the 2009 calendar year, or tax year beginning

and ending

|                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                       |  |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b> Name of organization                                                         |  | <b>D</b> Employer identification number |
|                                                                                                                                                                                                                                                                                               |                                                                   | SNOHOMISH COUNTY - CAMANO ASSOCIATION OF REALTORS                                     |  | 91-6032407                              |
|                                                                                                                                                                                                                                                                                               |                                                                   | Number and street (or P O box, if mail is not delivered to street address) Room/suite |  | <b>E</b> Telephone number               |
|                                                                                                                                                                                                                                                                                               |                                                                   | 3201 BROADWAY, SUITE E                                                                |  | 425-339-1388                            |
| City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                   |                                                                   | <b>F</b> Group Exemption Number                                                       |  |                                         |
| EVERETT, WA 98201                                                                                                                                                                                                                                                                             |                                                                   |                                                                                       |  |                                         |

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

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.SCCAR.COM

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

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 363,138.

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

|            |                                                                                         |                                                                                                                                                  |          |           |
|------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Revenue    | 1                                                                                       | Contributions, gifts, grants, and similar amounts received                                                                                       | 1        | 13,090.   |
|            | 2                                                                                       | Program service revenue including government fees and contracts                                                                                  | 2        | 118,497.  |
|            | 3                                                                                       | Membership dues and assessments                                                                                                                  | 3        | 148,611.  |
|            | 4                                                                                       | Investment income                                                                                                                                | 4        | 73,961.   |
|            | 5a                                                                                      | Gross amount from sale of assets other than inventory                                                                                            | 5a       |           |
|            | b                                                                                       | Less cost or other basis and sales expenses                                                                                                      | 5b       | 1,382.    |
|            | c                                                                                       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c       | -1,382.   |
|            | 6                                                                                       | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |          |           |
|            | a                                                                                       | Gross revenue (not including \$ 13,090. of contributions reported on line 1)                                                                     | 6a       | 3,440.    |
| b          | Less direct expenses other than fundraising expenses                                    | 6b                                                                                                                                               | 2,628.   |           |
| c          | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c                                                                                                                                               | 812.     |           |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a                                                                                                                                               | 5,539.   |           |
| b          | Less cost of goods sold                                                                 | 7b                                                                                                                                               | 3,435.   |           |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c                                                                                                                                               | 2,104.   |           |
| 8          | Other revenue (describe ▶ )                                                             | 8                                                                                                                                                |          |           |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                  | 9                                                                                                                                                | 355,693. |           |
| Expenses   | 10                                                                                      | Grants and similar amounts paid (attach schedule)                                                                                                | 10       | 43,633.   |
|            | 11                                                                                      | Benefits paid to or for members                                                                                                                  | 11       |           |
|            | 12                                                                                      | Salaries, other compensation, and employee benefits                                                                                              | 12       | 239,577.  |
|            | 13                                                                                      | Professional fees and other payments to independent contractors                                                                                  | 13       | 18,506.   |
|            | 14                                                                                      | Occupancy, rent, utilities, and maintenance                                                                                                      | 14       | 27,726.   |
|            | 15                                                                                      | Printing, publications, postage, and shipping                                                                                                    | 15       | 599.      |
|            | 16                                                                                      | Other expenses (describe ▶ )                                                                                                                     | 16       | 208,689.  |
|            | 17                                                                                      | Total expenses. Add lines 10 through 16                                                                                                          | 17       | 538,730.  |
| Net Assets | 18                                                                                      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18       | -183,037. |
|            | 19                                                                                      | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | 770,565.  |
|            | 20                                                                                      | Other changes in net assets or fund balances (attach explanation)                                                                                | 20       |           |
|            | 21                                                                                      | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 21       | 587,528.  |

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

(See the instructions for Part II)

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 704,693.              | 176,295.        |
| 23 Land and buildings                                                          | 368,579.              | 677,450.        |
| 24 Other assets (describe ▶ SEE STATEMENT 2 )                                  | 9,451.                | 8,266.          |
| 25 Total assets                                                                | 1,082,723.            | 862,011.        |
| 26 Total liabilities (describe ▶ SEE STATEMENT 3 )                             | 312,158.              | 274,483.        |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 770,565.              | 587,528.        |

10P

SCANNED JUL 23 2010

## Expenses

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

**28a**

**29a**

**30a**

**31a**

32

932172  
02-08-10

**SNOHOMISH COUNTY - CAMANO ASSOCIATION  
OF REALTORS**

Form 990-EZ (2009)

91-6032407

Page 3

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                                                                        |     | X  |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                                |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T                                                                                                                                                                                               |     |    |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                                                              | X   |    |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                              | X   |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N                                                                                                                                                                                                                                                                    |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right;">▶ 37a 0.</span>                                                                                                                                                                                                                                                                                                         |     |    |
| 37b | b Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                        |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?                                                                                                                                                                                                                      |     | X  |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right;">▶ 38b N/A</span>                                                                                                                                                                                                                                                                                                                        |     |    |
| 39  | Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| 39a | a Initiation fees and capital contributions included on line 9 <span style="float:right;">▶ 39a N/A</span>                                                                                                                                                                                                                                                                                                                                      |     |    |
| 39b | b Gross receipts, included on line 9, for public use of club facilities <span style="float:right;">▶ 39b N/A</span>                                                                                                                                                                                                                                                                                                                             |     |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right;">▶ N/A</span> , section 4912 <span style="float:right;">▶ N/A</span> , section 4955 <span style="float:right;">▶ N/A</span>                                                                                                                                                                        |     |    |
| 40b | 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 <span style="float:right;">▶ 40b N/A</span> |     |    |
| 40c | c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right;">▶ N/A</span>                                                                                                                                                                                                                        |     |    |
| 40e | d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right;">▶ N/A</span>                                                                                                                                                                                                                                                                                          |     |    |
| 40e | 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 <span style="float:right;">▶ 40e X</span>                                                                                                                                                                                                                                             |     | X  |
| 41  | List the states with which a copy of this return is filed <span style="float:right;">▶ WA</span>                                                                                                                                                                                                                                                                                                                                                |     |    |
| 42a | The organization's books are in care of <span style="float:right;">▶ ANNE COLEY</span> Telephone no <span style="float:right;">▶ 360-403-7720</span><br>Located at <span style="float:right;">▶ 18029 CAMBRIDGE DRIVE, ARLINGTON, WA</span> ZIP + 4 <span style="float:right;">▶ 98223</span>                                                                                                                                                   |     |    |
| 42b | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <span style="float:right;">▶ 42b X</span>                                                                                                                                                            |     | X  |
| 42c | If "Yes," enter the name of the foreign country <span style="float:right;">▶</span><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                                                                        |     |    |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U S ? <span style="float:right;">▶ 42c X</span>                                                                                                                                                                                                                                                                                                  |     | X  |
| 43  | If "Yes," enter the name of the foreign country <span style="float:right;">▶</span>                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right;">▶</span><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right;">▶ 43 N/A</span>                                                                                                                                                                       |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right;">▶ 44 X</span>                                                                                                                                                                                                                                                                                     |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right;">▶ 45 X</span>                                                                                                                                                                                                                              |     | X  |

Form 990-EZ (2009)

**SNOHOMISH COUNTY - CAMANO ASSOCIATION  
OF REALTORS**

Form 990-EZ (2009)

91-6032407

Page 4

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

- |                                                                                                                                                                                                                                                           |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                   | <b>Yes</b> | <b>No</b> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                                             | <b>46</b>  |           |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                   | <b>47</b>  |           |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                                             | <b>48</b>  |           |
| b If "Yes," was the related organization a section 527 organization?                                                                                                                                                                                      | <b>49a</b> |           |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" | <b>49b</b> |           |

| (a) Name and address of each employee paid more than \$100,000<br>N/A | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|-----------------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                       |                                                          |                  |                                                                     |                                          |

- f Total number of other employees paid over \$100,000 ▶
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"
- N/A

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

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

|                                 |                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                              |                                                                 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Sign Here</b>                | 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. |                                                 |                                                                              |                                                                 |
|                                 | Signature of officer                                                                                                                                                                                                                                                                                                  | Date <span style="float:right">5/27/2010</span> | <b>MATTHEW WAHLQUIST, EXECUTIVE DIRECTOR</b><br>Type or print name and title |                                                                 |
| <b>Paid Preparer's Use Only</b> | Preparer's signature                                                                                                                                                                                                                                                                                                  | Date <span style="float:right">05/11/10</span>  | Check if self-employed <input type="checkbox"/>                              | Preparer's identifying number (See instr.)                      |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>PETERSON SULLIVAN LLP, CPA'S</b><br><b>601 UNION ST, STE 2300</b><br><b>SEATTLE, WA 98101-2345</b>                                                                                                                                                |                                                 |                                                                              | EIN ▶<br>Phone no ▶ <span style="float:right">2063827777</span> |

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

Form 990-EZ (2009)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                                                                   |                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization <b>SNOHOMISH COUNTY - CAMANO ASSOCIATION<br/>OF REALTORS</b> | Employer identification number<br><b>91-6032407</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

LHA

## SNOHOMISH COUNTY - CAMANO ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2009

OF REALTORS

91-6032407 Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                        |                                                    | (a) Filing organization's totals | (b) Affiliated group totals |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                   |                                                    |                                  |                             |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                    |                                  |                             |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |                                                    |                                  |                             |
| d Other exempt purpose expenditures                                                                                                                 |                                                    |                                  |                             |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |                                                    |                                  |                             |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            |                                                    |                                  |                             |
| If the amount on line 1e, column (a) or (b) is:                                                                                                     | The lobbying nontaxable amount is:                 |                                  |                             |
| Not over \$500,000                                                                                                                                  | 20% of the amount on line 1e.                      |                                  |                             |
| Over \$500,000 but not over \$1,000,000                                                                                                             | \$100,000 plus 15% of the excess over \$500,000.   |                                  |                             |
| Over \$1,000,000 but not over \$1,500,000                                                                                                           | \$175,000 plus 10% of the excess over \$1,000,000. |                                  |                             |
| Over \$1,500,000 but not over \$17,000,000                                                                                                          | \$225,000 plus 5% of the excess over \$1,500,000.  |                                  |                             |
| Over \$17,000,000                                                                                                                                   | \$1,000,000.                                       |                                  |                             |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               |                                                    |                                  |                             |
| h Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         |                                                    |                                  |                             |
| i Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         |                                                    |                                  |                             |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                    |                                  |                             |

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year<br>(or fiscal year beginning in)               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2009

## SNOHOMISH COUNTY - CAMANO ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2009 OF REALTORS

91-6032407 Page 3

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

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                               |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> 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 |
|-----------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     |     | X  |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                |     | X  |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | X   |    |

**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."

|                                                                                                                                                                                                                                                     |           |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  | 138,942. |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |          |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> | 2,974.   |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> | -19,733. |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> | -16,759. |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  | 6,947.   |
| <b>4</b> 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? | <b>4</b>  |          |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  | -23,706. |

**Part IV** Supplemental Information

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 1. Also, complete this part for any additional information.

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Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

## 2009

### Open To Public Inspection

Employer identification number  
91-6032407

## Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

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

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

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

**SNOHOMISH COUNTY - CAMANO ASSOCIATION  
OF REALTORS**

Schedule G (Form 990 or 990-EZ) 2009

91-6032407 Page 2

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

|                 |                                                                       | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|-----------------------------------------------------------------------|--------------|--------------|------------------|---------------------------------|
|                 |                                                                       | HEF AUCTION  |              | NONE             | (add col. (a) through col. (c)) |
|                 |                                                                       | (event type) | (event type) | (total number)   |                                 |
| Revenue         | <b>1</b> Gross receipts                                               | 16,530.      |              |                  | 16,530.                         |
|                 | <b>2</b> Less: Charitable contributions                               | 13,090.      |              |                  | 13,090.                         |
|                 | <b>3</b> Gross income (line 1 minus line 2)                           | 3,440.       |              |                  | 3,440.                          |
| Direct Expenses | <b>4</b> Cash prizes                                                  |              |              |                  |                                 |
|                 | <b>5</b> Noncash prizes                                               |              |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs                                          |              |              |                  |                                 |
|                 | <b>7</b> Food and beverages                                           |              |              |                  |                                 |
|                 | <b>8</b> Entertainment                                                |              |              |                  |                                 |
|                 | <b>9</b> Other direct expenses                                        | 2,628.       |              |                  | 2,628.                          |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) | ( 2,628 )    |              |                  |                                 |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 | 812.         |              |                  |                                 |

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

|                                                                            |                                | (a) Bingo                                                           | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col. (a) through col. (c)) |
|----------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| Revenue                                                                    | <b>1</b> Gross revenue         |                                                                     |                                                                     |                                                                     |                                                  |
| Direct Expenses                                                            | <b>2</b> Cash prizes           |                                                                     |                                                                     |                                                                     |                                                  |
|                                                                            | <b>3</b> Noncash prizes        |                                                                     |                                                                     |                                                                     |                                                  |
|                                                                            | <b>4</b> Rent/facility costs   |                                                                     |                                                                     |                                                                     |                                                  |
|                                                                            | <b>5</b> Other direct expenses |                                                                     |                                                                     |                                                                     |                                                  |
|                                                                            | <b>6</b> Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)       |                                |                                                                     |                                                                     |                                                                     | ( )                                              |
| <b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 |                                |                                                                     |                                                                     |                                                                     | ( )                                              |

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

|            | Yes | No |
|------------|-----|----|
| <b>9a</b>  |     |    |
| <b>10a</b> |     |    |
| <b>11</b>  |     |    |
| <b>12</b>  |     |    |

**SNOHOMISH COUNTY -. CAMANO ASSOCIATION  
OF REALTORS**

Schedule G (Form 990 or 990-EZ) 2009

91-6032407 Page 3

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility  
b An outside facility

|            |   |
|------------|---|
| <b>13a</b> | % |
| <b>13b</b> | % |

**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?

**15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2009

| FORM 990-EZ                                            | OTHER EXPENSES | STATEMENT | 1 |
|--------------------------------------------------------|----------------|-----------|---|
| DESCRIPTION                                            |                | AMOUNT    |   |
| WEBSITE                                                |                | 1,896.    |   |
| TAXES                                                  |                | 9,873.    |   |
| TRAINING                                               |                | 8,902.    |   |
| BANK CHARGES                                           |                | 4,741.    |   |
| CAM/TRIPLE NET EXPENSES                                |                | 7,368.    |   |
| SUBSCRIPTIONS                                          |                | 1,469.    |   |
| MISCELLANEOUS                                          |                | 1,987.    |   |
| PAYROLL TAXES                                          |                | 19,068.   |   |
| SUPPLIES                                               |                | 11,914.   |   |
| TRAVEL                                                 |                | 32,793.   |   |
| CONFERENCES, CONVENTIONS, MEETINGS                     |                | 9,282.    |   |
| INTEREST                                               |                | 4,056.    |   |
| TELEPHONE                                              |                | 5,394.    |   |
| DEPRECIATION                                           |                | 8,682.    |   |
| RENTAL OPERATING EXPENSES - DEBT FINANCED PROPERTY     |                | 2,761.    |   |
| REPAIRS & MAINTENANCE - DEBT FINANCED PROPERTY         |                | 3,118.    |   |
| BUILDING CAM EXPENSES - DEBT FINANCED PROPERTY         |                | 6,154.    |   |
| BUILDING TAXES - DEBT FINANCED PROPERTY                |                | 2,955.    |   |
| MORTGAGE INTEREST - DEBT FINANCED PROPERTY             |                | 3,388.    |   |
| DEPRECIATION - DEBT FINANCED PROPERTY                  |                | 6,364.    |   |
| SALARIES - DEBT FINANCED PROPERTY                      |                | 1,612.    |   |
| EQUIPMENT EXPENSE - DEBT FINANCED PROPERTY             |                | 7,675.    |   |
| PROFESSIONAL FEES - DEBT FINANCED PROPERTY             |                | 1,234.    |   |
| RENTAL OPERATING EXPENSES - NON DEBT FINANCED PROPERTY |                | 3,602.    |   |
| REPAIRS & MAINTENANCE - NON DEBT FINANCED PROPERTY     |                | 4,068.    |   |
| BUILDING CAM EXPENSES - NON DEBT FINANCED PROPERTY     |                | 8,029.    |   |
| BUILDING TAXES - NON DEBT FINANCED PROPERTY            |                | 3,856.    |   |
| MORTGAGE INTEREST - NON DEBT FINANCED PROPERTY         |                | 4,420.    |   |
| DEPRECIATION - NON DEBT FINANCED PROPERTY              |                | 8,302.    |   |
| SALARIES - NON DEBT FINANCED PROPERTY                  |                | 2,103.    |   |
| PROFESSIONAL FEES - NON DEBT FINANCED PROPERTY         |                | 1,609.    |   |
| EQUIPMENT EXPENSE - NON DEBT FINANCED PROPERTY         |                | 10,014.   |   |
| TOTAL TO FORM 990-EZ, LINE 16                          |                | 208,689.  |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| ACCOUNTS RECEIVABLE           | 2,100.       | 0.          |   |
| INVENTORIES                   | 7,351.       | 8,266.      |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 9,451.       | 8,266.      |   |

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 3

## DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

33,154.

22,796.

DEFERRED REVENUE

43,000.

43,194.

NOTE PAYABLE

236,004.

208,493.

TOTAL TO FORM 990-EZ, LINE 26

312,158.

274,483.

FORM 990-EZ      GAIN (LOSS) FROM SALE OF OTHER ASSETS      STATEMENT      4

| DESCRIPTION   | DATE<br>ACQUIRED     | DATE<br>SOLD           | METHOD<br>ACQUIRED |                       |
|---------------|----------------------|------------------------|--------------------|-----------------------|
| CARPET        | VARIOUS              | VARIOUS                | PURCHASED          |                       |
| NAME OF BUYER | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | DEPREC                |
|               | 0.                   | 1,177.                 | 0.                 | 504.                  |
|               |                      |                        |                    | NET GAIN<br>OR (LOSS) |
|               |                      |                        |                    | -673.                 |

| DESCRIPTION            | DATE<br>ACQUIRED     | DATE<br>SOLD           | METHOD<br>ACQUIRED |                       |
|------------------------|----------------------|------------------------|--------------------|-----------------------|
| EQUIPMENT              | VARIOUS              | VARIOUS                | PURCHASED          |                       |
| NAME OF BUYER          | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | DEPREC                |
|                        | 0.                   | 1,102.                 | 0.                 | 393.                  |
|                        |                      |                        |                    | NET GAIN<br>OR (LOSS) |
|                        |                      |                        |                    | -709.                 |
| TO FORM 990-EZ, LINE 5 |                      | 2,279.                 | 0.                 | 897.                  |
|                        |                      |                        |                    | NET GAIN<br>OR (LOSS) |
|                        |                      |                        |                    | -1,382.               |

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|             |                             |           |   |
|-------------|-----------------------------|-----------|---|
| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 5 |
|-------------|-----------------------------|-----------|---|

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| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S<br>RELATIONSHIP | AMOUNT  |
|----------------------------------------------|---------------------------|---------|
| OBTAINING ADEQUATE HOUSING                   | NONE                      | 43,633. |

|                                        |         |
|----------------------------------------|---------|
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 43,633. |
|----------------------------------------|---------|

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|             |               |           |   |
|-------------|---------------|-----------|---|
| FORM 990-EZ | RENTAL INCOME | STATEMENT | 6 |
|-------------|---------------|-----------|---|

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| KIND AND LOCATION OF PROPERTY                 | ACTIVITY<br>NUMBER | GROSS<br>RENTAL INCOME |
|-----------------------------------------------|--------------------|------------------------|
| COMMERCIAL PROPERTY - DEBT FINANCED           | 1                  | 27,800.                |
| COMMERCIAL PROPERTY - NON DEBT FINANCED       | 2                  | 36,093.                |
| TOTAL INCUEDED ON FORM 990-EZ, PART I, LINE 4 |                    | 63,893.                |

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 7

## INCOME

|                                                |       |       |
|------------------------------------------------|-------|-------|
| 1. GROSS RECEIPTS . . . . .                    | 5,539 |       |
| 2. RETURNS AND ALLOWANCES . . . . .            |       |       |
| 3. LINE 1 LESS LINE 2 . . . . .                |       | 5,539 |
| 4. COST OF GOODS SOLD (LINE 13) . . . . .      | 3,435 |       |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . . |       | 2,104 |

## COST OF GOODS SOLD

|                                                         |       |        |
|---------------------------------------------------------|-------|--------|
| 6. INVENTORY AT BEGINNING OF YEAR . . . . .             | 7,351 |        |
| 7. MERCHANDISE PURCHASED . . . . .                      | 4,350 |        |
| 8. COST OF LABOR . . . . .                              |       |        |
| 9. MATERIALS AND SUPPLIES . . . . .                     |       |        |
| 10. OTHER COSTS . . . . .                               |       |        |
| 11. ADD LINES 6 THROUGH 10 . . . . .                    |       | 11,701 |
| 12. INVENTORY AT END OF YEAR . . . . .                  | 8,266 |        |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . . |       | 3,435  |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

| NAME AND ADDRESS                                                  | TITLE AND<br>AVRG HRS/WK           | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|-------------------------------------------------------------------|------------------------------------|-------------------|------------------------------|--------------------|
| BETH COOPER, 3201 BROADWAY, SUITE E,<br>EVERETT, WA 98201         | PRESIDENT<br>1.00                  | 0.                | 0.                           | 0.                 |
| BRUCE MCKINNON, 3201 BROADWAY, SUITE<br>E, EVERETT, WA 98201      | PRESIDENT ELECT<br>1.00            | 0.                | 0.                           | 0.                 |
| PETER PATERNO, 3201 BROADWAY, SUITE<br>E, EVERETT, WA 98201       | V.P PROFESSIONAL STANDARDS<br>1.00 | 0.                | 0.                           | 0.                 |
| PAUL CHRYSLER, 3201 BROADWAY, SUITE<br>E, EVERETT, WA 98201       | V.P OF GOVERNMENT AFFAIRS<br>1.00  | 0.                | 0.                           | 0.                 |
| RICH WILLIAMSON, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201     | IMMEDIATE PAST PRESIDENT<br>1.00   | 0.                | 0.                           | 0.                 |
| CHRISTIAN LAMOUREUX, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201 | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| DEBBIE MATTESON, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201     | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| JEN HUDSON, 3201 BROADWAY, SUITE E,<br>EVERETT, WA 98201          | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| KAREN SCHWEINFURTH, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201  | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| PATTI CUNNINGHAM, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201    | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| SHANNA MARTIN, 3201 BROADWAY, SUITE<br>E, EVERETT, WA 98201       | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| SUSANN HENDRICKSON, 3201 BROADWAY,<br>SUITE E, EVERETT, WA 98201  | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| JAN HITE, 3201 BROADWAY, SUITE E,<br>EVERETT, WA 98201            | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |
| SANDY EASTLY, 3201 BROADWAY, SUITE<br>E, EVERETT, WA 98201        | DIRECTOR<br>0.50                   | 0.                | 0.                           | 0.                 |

. SNOHOMISH COUNTY - CAMANO ASSOCIATION OF

91-6032407

|                                                              |                   |       |                |             |               |
|--------------------------------------------------------------|-------------------|-------|----------------|-------------|---------------|
| SUE HOUNSHELL, 3201 BROADWAY, SUITE E, EVERETT, WA 98201     | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| GLEND A KRULL, 3201 BROADWAY, SUITE E, EVERETT, WA 98201     | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| O.J MARSTON, 3201 BROADWAY, SUITE E, EVERETT, WA 98201       | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| MIKE MCKINNEY, 3201 BROADWAY, SUITE E, EVERETT, WA 98201     | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| DAVE MILES, 3201 BROADWAY, SUITE E, EVERETT, WA 98201        | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| GARY WRIGHT, 3201 BROADWAY, SUITE E, EVERETT, WA 98201       | DIRECTOR          | 0.50  | 0.             | 0.          | 0.            |
| NATHAN GORTON, 3201 BROADWAY, SUITE E, EVERETT, WA 98201     | EXECUTIVE OFFICER | 40.00 | 49,927.        | 400.        | 3,100.        |
| MATTHEW WAHLQUIST, 3201 BROADWAY, SUITE E, EVERETT, WA 98201 | EXECUTIVE OFFICER | 40.00 | 23,968.        | 0.          | 1,240.        |
| TOTALS INCLUDED ON FORM 990-EZ, PART IV                      |                   |       | <u>73,895.</u> | <u>400.</u> | <u>4,340.</u> |

PROVIDING PROFESSIONAL EDUCATION TO PERSONS INVOLVED IN REAL ESTATE PROFESSIONS. MAINTENANCE AND ENFORCEMENT OF ETHICS AND STANDARDS OF CONDUCT OF MEMBERS OF THE ASSOCIATION.

PROVIDING NEW AND ADVANCED SERVICES FOR MEMBERS IN A TIME OF RAPID TECHNOLOGICAL CHANGE.

MONITORING LOCAL GOVERNMENT REGULATORY ACTIONS AND ADVOCATING TO PRESERVE AND EXPAND REAL PROPERTY RIGHTS.

IDENTIFYING, TRAINING AND ASSISTING LEADERS OF REALTOR ORGANIZATIONS TO ADVOCATE ON BEHALF OF THE INDUSTRY.

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990-EZ PG 2

STATEMENT 11

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OUR MISSION IS TO EFFECT AND PROMOTE PROGRAMS AND SERVICES WHICH ENHANCE  
MEMBERS' ABILITIES TO CONDUCT THEIR BUSINESS WITH INTEGRITY AND COMPETENCY.

**Snohomish County - Camano Association of Realtors**

**EIN: 91-6032407**

**2009 Form 990-EZ Part II, Line 23**

**2009 Form 990-T Schedule E Line 3A**

|                                    | Years     | Cost                     | Beg. A/D                 | Depr.                   | End. A/D                 |
|------------------------------------|-----------|--------------------------|--------------------------|-------------------------|--------------------------|
| <b>Land</b>                        |           | <b><u>119,645.00</u></b> |                          |                         |                          |
| Rented                             |           | 321,761.00               | 200,181.62               | 10,379.07               | 210,560.69               |
| SCCAR Office                       |           | <u>136,588.00</u>        | <u>84,977.38</u>         | <u>4,405.93</u>         | <u>89,383.31</u>         |
| <b>Building - Broadway</b>         | <b>31</b> | <b><u>458,349.00</u></b> | <b><u>285,159.00</u></b> | <b><u>14,785.00</u></b> | <b><u>299,944.00</u></b> |
| Remodel Suite H                    | 31        | 32,733.00                | 19,364.00                | 1,056.00                | 20,420.00                |
| Painting Suite H                   | 7         | 1,570.00                 | 1,570.00                 | -                       | 1,570.00                 |
| Hot Water Tank Suite H             | 7         | 651.00                   | 651.00                   | -                       | 651.00                   |
| Office, Electrical, Doors Suite H  | 39        | 6,302.00                 | 1,066.00                 | 162.00                  | 1,228.00                 |
| Carpeting Suite H                  | 7         | 1,526.00                 | 1,526.00                 | -                       | 1,526.00                 |
| Security Gates - Building Wide     | 15        | 1,246.30                 | 166.00                   | 83.00                   | 249.00                   |
| Roof - Building Wide               | 15        | <u>2,830.20</u>          | <u>24.00</u>             | <u>94.00</u>            | <u>118.00</u>            |
| Suite H                            |           | 46,858.50                | 24,367.00                | 1,395.00                | 25,762.00                |
| Remodel                            | 31        | 23,485.00                | 13,833.00                | 758.00                  | 14,591.00                |
| Security Gates - Building Wide     | 15        | 1,246.30                 | 166.00                   | 83.00                   | 249.00                   |
| Roof - Building Wide               | 15        | <u>2,830.20</u>          | <u>24.00</u>             | <u>94.00</u>            | <u>118.00</u>            |
| Suite G                            |           | 27,561.50                | 14,023.00                | 935.00                  | 14,958.00                |
| Painting & Small Repair Suite C    | 7         | 1,176.79                 | 336.00                   | 168.00                  | 504.00                   |
| Carpet Suite C                     | 7         | 1,102.30                 | 236.00                   | 157.00                  | 393.00                   |
| Security Gates - Building Wide     | 15        | 1,246.30                 | 166.00                   | 83.00                   | 249.00                   |
| Roof - Building Wide               | 15        | 2,830.20                 | 24.00                    | 94.00                   | 118.00                   |
| Improvements                       | 15        | <u>5,926.29</u>          | <u>-</u>                 | <u>71.00</u>            | <u>71.00</u>             |
| Suite C                            |           | 12,281.88                | 762.00                   | 573.00                  | 1,335.00                 |
| Security Keypad Suite B            | 7         | 499.24                   | 499.24                   | -                       | 499.24                   |
| Heat Pump Suite B                  | 15        | 3,992.00                 | 1,884.00                 | 266.00                  | 2,150.00                 |
| Painting Suite B                   | 7         | 10,598.00                | 10,598.00                | -                       | 10,598.00                |
| Signage Suite B                    | 7         | 878.00                   | 878.00                   | -                       | 878.00                   |
| Security Gates - Building Wide     | 15        | 1,246.30                 | 166.00                   | 83.00                   | 249.00                   |
| Roof - Building Wide               | 15        | <u>2,830.20</u>          | <u>24.00</u>             | <u>94.00</u>            | <u>118.00</u>            |
| Suite B                            |           | 20,043.74                | 14,049.24                | 443.00                  | 14,492.24                |
| Carpeting Deposit Suite A          | 7         | 900.00                   | 774.00                   | 126.00                  | 900.00                   |
| Improvements Suite A               | 39        | 2,693.00                 | 408.00                   | 69.00                   | 477.00                   |
| Improvements Suite A               | 39        | 8,000.00                 | 888.00                   | 205.00                  | 1,093.00                 |
| Turn Key R&M Suite A               | 7         | 465.00                   | 465.00                   | -                       | 465.00                   |
| Rewiring Suite A                   | 15        | 669.24                   | 168.00                   | 45.00                   | 213.00                   |
| Landscaping Suite A                | 15        | 1,851.30                 | 441.00                   | 123.00                  | 564.00                   |
| Landscaping Suite A                | 15        | 1,851.30                 | 431.00                   | 123.00                  | 554.00                   |
| Sign Suite A                       | 7         | 513.00                   | 256.00                   | 73.00                   | 329.00                   |
| Security Gates - Building Wide     | 15        | 1,246.30                 | 166.00                   | 83.00                   | 249.00                   |
| Roof - Building Wide               | 15        | <u>2,830.20</u>          | <u>24.00</u>             | <u>94.00</u>            | <u>118.00</u>            |
| Suite A                            |           | 21,019.34                | 4,021.00                 | 941.00                  | 4,962.00                 |
| <b>Rented</b>                      |           | <b><u>127,764.96</u></b> | <b><u>57,222.24</u></b>  | <b><u>4,287.00</u></b>  | <b><u>61,509.24</u></b>  |
| Cabinets, Sink, Dishwasher Suite E | 10        | 3,379.00                 | 3,379.00                 | -                       | 3,379.00                 |
| Carpeting Suite E                  | 7         | 3,981.00                 | 3,981.00                 | -                       | 3,981.00                 |
| Remodel Building Suite E           | 24        | 13,143.00                | 7,763.00                 | 548.00                  | 8,311.00                 |
| Roof - Building Wide               | 15        | 2,830.24                 | 24.00                    | 94.00                   | 118.00                   |
| Improvements                       | 39        | <u>321,148.18</u>        | <u>-</u>                 | <u>2,059.00</u>         | <u>2,059.00</u>          |
| SCCAR Office Suite E               |           | <u>344,481.42</u>        | <u>15,147.00</u>         | <u>2,701.00</u>         | <u>17,848.00</u>         |
| <b>Building Improvements</b>       |           | <b><u>472,246.38</u></b> | <b><u>72,369.24</u></b>  | <b><u>6,988.00</u></b>  | <b><u>79,357.24</u></b>  |

**Snohomish County - Camano Association of Realtors**

**EIN: 91-6032407**

**2009 Form 990-EZ Part II, Line 23**

**2009 Form 990-T Schedule E Line 3A**

|                                     | Years | Cost                | Beg. A/D          | Depr.            | End. A/D          |
|-------------------------------------|-------|---------------------|-------------------|------------------|-------------------|
| File Cabinets                       | 7     | 784.00              | 784.00            | -                | 784.00            |
| File Cabinets                       | 3     | 90.00               | 90.00             | -                | 90.00             |
| Chairs                              | 7     | 194.00              | 194.00            | -                | 194.00            |
| Computer Table                      | 7     | 189.00              | 189.00            | -                | 189.00            |
| Folding Table                       | 7     | 53.00               | 53.00             | -                | 53.00             |
| Chairs                              | 7     | 237.00              | 237.00            | -                | 237.00            |
| Desk & Credenza                     | 7     | 729.00              | 729.00            | -                | 729.00            |
| Table & Chair                       | 7     | 216.00              | 216.00            | -                | 216.00            |
| TV/VCR Cabinet                      | 7     | 336.00              | 336.00            | -                | 336.00            |
| File Cabinet                        | 7     | 197.00              | 197.00            | -                | 197.00            |
| Desk & Office Furniture             | 7     | 838.00              | 838.00            | -                | 838.00            |
| Bookcase                            | 7     | 216.00              | 216.00            | -                | 216.00            |
| Folding Table                       | 7     | 361.00              | 361.00            | -                | 361.00            |
| Chairs                              | 7     | 354.00              | 354.00            | -                | 354.00            |
| Air Conditioner                     | 10    | 6,112.00            | 6,112.00          | -                | 6,112.00          |
| Conference Furniture                | 7     | 8,646.00            | 8,646.00          | -                | 8,646.00          |
| Shelving                            | 10    | 1,710.00            | 1,710.00          | -                | 1,710.00          |
| Filing Cabinet                      | 7     | 811.00              | 811.00            | -                | 811.00            |
| Furniture                           | 7     | 162.00              | 162.00            | -                | 162.00            |
| AT&T Voicemail System               | 5     | 2,134.00            | 2,134.00          | -                | 2,134.00          |
| AT&T Phone System                   | 5     | 2,311.00            | 2,311.00          | -                | 2,311.00          |
| 2 Upgrades (Pentium Computers)      | 5     | 4,060.81            | 4,060.81          | -                | 4,060.81          |
| Peachtree Tax Update                | 5     | 124.90              | 124.90            | -                | 124.90            |
| Datatech Monitor                    | 5     | 270.00              | 270.00            | -                | 270.00            |
| Datatech Ram                        | 5     | 64.00               | 64.00             | -                | 64.00             |
| Peachtree Version 5.0               | 5     | 176.56              | 176.56            | -                | 176.56            |
| Rainbow Software                    | 5     | 2,600.00            | 2,600.00          | -                | 2,600.00          |
| Quality Business System             | 10    | 1,800.00            | 1,800.00          | -                | 1,800.00          |
| Accounting Computer                 | 5     | 1,105.55            | 1,105.55          | -                | 1,105.55          |
| Computer - Accounting               | 5     | 569.00              | 569.00            | -                | 569.00            |
| Computer Upgrade                    | 5     | 720.00              | 720.00            | -                | 720.00            |
| Data Base Upgrade                   | 5     | 1,523.00            | 1,523.00          | -                | 1,523.00          |
| CPUs - 4                            | 5     | 2,381.00            | 2,381.00          | -                | 2,381.00          |
| Network                             | 5     | 671.00              | 671.00            | -                | 671.00            |
| Computer Monitor                    | 5     | 257.00              | 257.00            | -                | 257.00            |
| LCD Projector                       | 5     | 1,165.00            | 1,165.00          | -                | 1,165.00          |
| 2 LCD Monitors                      | 5     | 571.00              | 513.00            | 114.00           | 627.00            |
| File Cabinets                       | 7     | 716.74              | 357.00            | 102.00           | 459.00            |
| Fax Machine                         | 7     | 1,623.57            | 812.00            | 232.00           | 1,044.00          |
| Staff Computer                      | 5     | 918.04              | 368.00            | 184.00           | 552.00            |
| Toshiba Laptop                      | 5     | 1,452.26            | 290.00            | 290.00           | 580.00            |
| Interface Technologies Phone System | 5     | 6,527.00            | -                 | 653.00           | 653.00            |
| <b>Equipment (SCCAR)</b>            |       | <b>55,976.43</b>    | <b>46,507.82</b>  | <b>1,676.00</b>  | <b>48,082.82</b>  |
| <b>Grand Total</b>                  |       | <b>1,106,216.81</b> | <b>404,036.06</b> | <b>23,348.00</b> | <b>427,384.06</b> |
| Disposed during 2008                |       | 6,724.09            |                   |                  | 5,342.00          |
| <b>Grand Totals after disposals</b> |       | <b>1,099,492.72</b> |                   |                  | <b>422,042.06</b> |

Total cost 1,099,492.72  
 Less: Ending A/D 422,042.06  
 Form 990, Part II, Line 23 677,450.66

Snohomish County-Camano

General Ledger

For the Period From Jan 1, 2009 to Nov 30, 2009

Filter Criteria includes 1) IDs from 9500-5 to 9500-5 Report order is by ID Report

HOMELESS ENDOWMENT FUND-2009

| Date     | Reference | Trans Description                                                   | Debit Amt |
|----------|-----------|---------------------------------------------------------------------|-----------|
| 1/8/09   | 1346      | LINCOLN WAY II - MYRA STEWART & WILLIAM BROWN #2549                 | 200 00    |
| 1/8/09   | 1347      | MEADOWDALE APARTMENTS - TIMOTHY KNUTSON & ALEXANDRA ALSUP#2550      | 300 00    |
| 1/8/09   | 1348      | PREFERRED PROPERTY MANAGEMENT - CARALEE CAMPBELL#2551               | 500 00    |
| 1/8/09   | 1349      | JILL BUSBY - SHEENA COYLE #2552                                     | 850 00    |
| 1/27/09  | 1350      | SUBHAS CHAND - LINDA CANTRELL #2553                                 | 1,000 00  |
| 2/9/09   | 1351      | WHISPERING PINES APARTMENT - SCOTT ELKINS, ELISABETH ODELL#2554     | 750 00    |
| 3/3/09   | 1352      | LINCOLN WAY II - KIM JOHNSON#2555                                   | 835 00    |
| 3/10/09  | 1353      | TWIN FIRS - JEFFERY HUFF #2557                                      | 300 00    |
| 3/10/09  | 1354      | LINCOLN WAY II - LASHAWNE & DANYEL PHANOR#2556                      | 1,050 00  |
| 3/12/09  | 1355      | NAOMI DAVIS - WENDY AVERILL #2558                                   | 372 00    |
| 3/30/09  | 1356      | WILLIAMS INVESTMENTS - STEPHANIE HUMBLE#2559                        | 300 00    |
| 3/30/09  | 1357      | E CHRIS SESSUM - SANDRA DILLINGS #2560                              | 250 00    |
| 3/30/09  | 1358      | BRET MCLAUGHLIN - WILLIAM FISHER & CYNTHIA ROBINSON#2561            | 475 00    |
| 4/22/09  | 1360      | DON MCCLAIN - MEGHAN HERRON #2563                                   | 839 00    |
| 5/27/09  | 1362      | COLLEEN FRANKLIN - PAULINE STOUT #2564                              | 500 00    |
| 6/9/09   | 1363      | RENAISSANCE - KIMBERLY SCHIMKE #2565                                | 700 00    |
| 6/9/09   | 1365      | WILLIAMS INVESTMENTS - BRITTANY BLACK/JON FARIS                     | 550 00    |
| 6/9/09   | 1366      | RUPINDER VIRK - BETH KIMBALL#2568                                   | 400 00    |
| 6/9/09   | 1367      | ISABEL KNUDSON - SOLEILLE HART #2569                                | 500 00    |
| 6/9/09   | 1368      | PARKVIEW APARTMENTS - DEBRA JOHNSON #2570                           | 343 00    |
| 6/18/09  | 1369      | MEADOWDALE APARTMENTS - DANIELLE OGAN#2571                          | 750 00    |
| 6/18/09  | 1370      | THOR CORP - DARYL REID #2572                                        | 400 00    |
| 6/29/09  | 1371      | STATE STREET PROPERTIES - GLORIA WILLIAMS #2573                     | 800 00    |
| 6/29/09  | 1372      | ROBERT HOYOS - LINDE DUGGER #2574                                   | 500 00    |
| 7/21/09  | 1374      | CENTURY 21 NORTH HOMES - ROCHELLE WEIGELT #2575                     | 500 00    |
| 7/27/09  | 1375      | OLYMPIC PARK APARTMENTS - GREGORY & KAYLEE COOPER                   | 500 00    |
| 7/27/09  | 1376      | ALDERBROOKE APARTMENTS - SUSAN STOWELL #2576                        | 500 00    |
| 7/27/09  | 1377      | EVT PROPERTIES 1, LLC - MARK SIMPSON & LORRAINE AMOND #2577         | 500 00    |
| 7/30/09  | 1378      | PARKVIEW APARTMENTS - KATHY RUNNELS#2579                            | 500 00    |
| 8/4/09   | 1379      | CARROLL'S CREEK LANDING - PAUL COLEMAN #2580                        | 500 00    |
| 8/4/09   | 1380      | MILL POINTE APARTMENTS - CYNTHIA MCKINNEY #2581                     | 500 00    |
| 8/13/09  | 1381      | THOMAS & HEATHER FADDEN - SANDRA GOMEZ #2582                        | 500 00    |
| 8/26/09  | 1382      | HIGHLANDER APARTMENTS - DEBORAH WAGNER #2583                        | 150 00    |
| 8/26/09  | 1383      | WATERSTONE AT SILVER LAKE - CHARLOTTE BARTCHY #2584                 | 500 00    |
| 8/26/09  | 1384      | JAKE RODRIGUEZ - ANIKA & PATRICK GARDNER #2585                      | 500 00    |
| 8/26/09  | 1385      | THE RENTAL CONNECTION, INC - NANCY PETERSEN #2586                   | 500 00    |
| 8/26/09  | 1386      | ALARA HARBOUR POINT - JANA & COREY FLEMING #2587                    | 200 00    |
| 9/11/09  | 1387      | LINCOLN WAY APARTMENTS - AARON & CASSANDRA ROBERTS#2588             | 900 00    |
| 9/21/09  | 1388      | MARY JO SIKO - ZINA DURAL #2589                                     | 300 00    |
| 9/29/09  | 1389      | LINCOLN WAY APARTMENTS - AARON & CASSANDRA ROBERTS #2588            | 90 00     |
| 10/2/09  | 1390      | RIDGELINE APARTMENTS - KIMBERLY FIELDS #2590                        | 500 00    |
| 10/8/09  | 1391      | DALE MARTINIS - JAMIE DIMISILLO #2591                               | 150 00    |
| 10/27/09 | 1393      | JAMES KELLY - THERESA CLARK-MCLEMORE #2593                          | 500 00    |
| 10/27/09 | 1394      | VERONICA KIELY - DEBORAH BLOCKER #2594                              | 500 00    |
| 10/27/09 | 1395      | THE GREENS OF MERRILL CREEK - AMENA DERRAH #2595                    | 600 00    |
| 10/27/09 | 1396      | MARY GIFFORD - OVERPAID ON LOAN #2524                               | 33 00     |
| 11/6/09  | 1398      | CRYSTAL COVE-RODNEY BURDETT#2592                                    | 500 00    |
| 11/6/09  | 1399      | WILLIAM INVESTMENT-CHRISTOPHER GREEN #2597                          | 450 00    |
| 11/6/09  | 1400      | JENNY HORMAN-CAROL ANN TUCKER #2599                                 | 350 00    |
| 11/12/09 | 1401      | WILLIAMS INVESTMENT-SEAN STRATTON #2600                             | 350 00    |
| 11/17/09 | 1402      | THE GREENS OF MERRILL CREEK - LISA ARNOLD AND CHRIS HENDERSON #2596 | 300 00    |
| 11/23/09 | 1403      | CRYSTAL COVE-TERI WEST #2598                                        | 500 00    |
|          |           |                                                                     | 25,337.00 |
|          |           | VOLUNTEERS OF AMERICA                                               |           |
| 3/30/09  | 1359      | VOLUNTEERS OF AMERICA - IVC0039130-EMERGENCY SHELTER                | 949 70    |
| 5/27/09  | 1361      | VOLUNTEERS OF AMERICA - APRIL EMERGENCY SHELTER                     | 1,819 65  |
| 6/29/09  | 1373      | VOLUNTEERS OF AMERICA - IVC0039788 EMERGENCY SHELTER MAY 2009       | 449 00    |
| 10/8/09  | 1392      | VOLUNTEERS OF AMERICA - MARCH EMERGENCY                             | 2,289 70  |
| 10/27/09 | 1397      | VOLUNTEERS OF AMERICA - EMERGENCY FOR AUGUST AND SEPT               | 1,067 16  |
| 12/31/09 | 1404      | VOLUNTEERS OF AMERICA-NOV SHELTER                                   | 3,623 20  |
| 12/31/09 | 1405      | VOLUNTEERS OF AMERICA-OCT DEC                                       | 8,097 59  |
|          |           |                                                                     | 18,296.00 |
|          |           |                                                                     | 43,633.00 |