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## 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning		009, and	ending	<u> 213</u>	<u> </u>	, 2009
<b>B</b> c							entification r	number
	Address cl	ddress change use IRS label or Blanket Coverage 9			<u>3                                    </u>	106-	9589	
=	Name change print or Number and street (or PO box, if mail is not delivered to street address) Room/suite E Tel					ephone n	umber	
=	Initial réturn Terminated  type See PO Bo X. 951						427	-876°
$\equiv$		Specific City or town, state or country, and ZIP + 4			F Gr	oup Exe	motion	
=	Amended Application	n pending linstructions.	1)A 98	3648	3   N	ımber I	V 1.	/A
<u>"</u>				· · ·	G Accounting		/	Accrual
	• Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charital a completed Schedule A (Form 990 or 990-EZ)		llacri	Other (speci		Casii	Accidai
		a completed ochedale A (Form 330 of 330-LL)	<u> </u>			<del></del>		
		4 ,			H Check ► L		-	
	Vebsit		<del></del>	<del></del>	required to		c'uednie R (i	-orm 990,
J T	ax-exe	mpt status (check only one) — 🛂 501(c) ( 3 ) ◀ (insert no )	4947(a)(1) or	<u> </u>	990-EZ, or 9			
	Check 🕨	1,1,7,1,						5,000 A
F	orm 99	90-EZ or Form 990 return is not required, but if the organization of	chooses to file a re	eturn, be s	ure to file a com	plete re	turn	
		55b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or				<b>▶</b> \$		
P	art I	Rèvenue, Expenses, and Changes in Net Asse	ts or Fund Ba	lances (	See the instr	uction		
	1	Contributions, gifts, grants, and similar amounts received	d			1	209,	710
	2	Program service revenue including government fees and	contracts .			2		
	3	Membership dues and assessments				3		
	4	Investment income		·· .·		. 4	,	
	5a	Gross amount from sale of assets other than inventory	1	5a				
	b	Less: cost or other basis and sales expenses		5b			, ,	•
	C	Gain or (loss) from sale of assets other than inventory (S				5c		•
ā	6	Special events and activities (complete applicable part of School				1		
Revenue	a		contributions			'	,' •	•
ě	. "	191	121	6a	•	-  -	. :	
Œ		Less: direct expenses other that undraising expenses		6b		-	•	•
	b	Net income or (loss) from special events and activities (S	LOS INDO ED E	1.	<del>-</del>	⊣ <sub>6c</sub> ∣		
	C	Net income or (loss) from special events and activities (s	Superact line on I	I	oa)	,00		<del>',</del>
	7a	Gross sales of inventory, less eturns and lowences		7a	<del></del>	$\dashv$		
	b	Less: cost of goods sold	,	.7b .	-	<b>-</b>  -''	•	•
	C	Gross profit or (loss) from sales of inventory (Subtract lin	ie 76 from line 7	a)		7c	•	<del> </del>
	8	Other revenue (describe	<u> </u>			8	209,	710
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · ·	• • •		<del></del>	20-14	110
	10	Grants and similar amounts paid (attach schedule)	•	. ,		10		
	11	Benefits paid to or for members		).		11	1113	1100
šes	12	Salaries, other compensation, and employee benefits .				12	143	700
enses	13	Professional fees and other payments to independent co	ontractors		• • • • • •	13		946
EXP	14	Occupancy, rent, utilities, and maintenance		•*;		14	: 401	110
Ш	15	Printing, publications, postage, and shipping	÷ '. is.			15	8	907
	16	Other expenses (describe - Home less	Supplie	<u>S</u> _	)	16	111	<u>058</u>
	17	Total expenses. Add lines 10 through 16	¹ Ÿ	<u> </u>	<u>, .                                     </u>	_ 17	X101	453
ts	18	Excess or (deficit) for the year (Subtract line 17 from line	•			18		(149)
Se	19	Net assets or fund balances at beginning of year (from	ı line 27, columi	n (A)) (mı	ust agree with		20	<b>646</b>
As	1	end-of-year figure reported on prior year's return)				19		1040
Net Assets	20	Other changes in net assets or fund balances (attach ex	planation)			20		·
	21	Net assets or fund balances at end of year. Combine line	es 18 through 20	<u> </u>	<u> </u>	21	38	1297
P	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		d of year
22	2 Ca	ash, savings, and investments			3404	40	22 30	297
23		ind and buildings					23	
24			100 199	6	\alpha, \cdot	00	24 8	,000
25		otal assets				70	25 38	1297
26		otal liabilities (describe ►					26	
27		et assets or fund balances (line 27 of column (B) must a	gree with line 21	) .	39,0	40	27 38	1297

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Part III Statement of Program Service Accord	mplishments (See the instr	ructions for Part I	II.)	T	Expenses	
What is the organization's primary exempt purpose?	Servina the	boneles	<del></del>		ured for section	
Describe what was achieved in carrying out the o	rganization's exempt purpo	ses. In a clear a	nd concise	501(c)(3) and 501(c)(4)		
manner, describe the services provided, the number	of persons benefited, and	other relevant info	rmation for		izations and section (a)(1) trusts, optional	
each program title					hers)	
28 Stabilizing the live	es of 400 m	entelly il	١.			
handicapped, elderly	Freet people.	Then				
	h ()\ \	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-Leas Le			
mantaking this life o	t dignity once	- ( )	24 tee 42	00-	172,79	
	it includes foreigh grants, ch	eck nere	<del></del> ┡ └┘	28a	11011	
29 6 Acre retreat +	sum tor dove	lensa, s	oc/si		"	
development, general o	Hice of operat	ions, 410	rosa	( )		
center for volunteers a you	ith project's - va	100 \$ 69,0	ر ہو	1 1		
	nt includes foreign grants, ch		▶ □	29a		
30 City Apartment & Volunt	eer staff prov	iding qui	dance			
		1 J. 1 J. 1 J.	400	'] ]		
	ets, 9 clothing -	tor INE				
lives intlastion - Ve						
	nt includes foreign grants, ch	eck here	. ▶ 📖	30a		
31 Other program services (attach schedule)	•			l i		
(Grants \$ ) If this amour	nt includes foreign grants, ch	eck here	. ▶ 🗆	31a		
32 Total program service expenses (add lines 28a	a through 31a)		▶	32	182,799	
Part IV List of Officers, Directors, Trustees, and K	ey Employees. List each one e	ven if not compensa	ated (See the	instruc	tions for Part IV)	
<del></del>	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense	
(a) Name and address	hours per week	(If not paid,	employee benefit deferred comper		account and other allowances	
The concentration of the contract of the contr	devoted to position	enter -0)	deterred comper	ISALIOIT	Other allowances	
Deniel Grittith		1 - 0 6 -		_	0-	
41 Cennauna Rd. Carson 98610	Virectul 65	67,960	16,02	48		
Lynn Griffith					~	
0 Box 951 Stevensm WA9864	8 Asst. Dic. 40	35,000	1	-	<del></del>	
Paul Griffin						
OLD SE CONTRA SANJOR 97213	500 1500 15	1	1	- 1	<del></del>	
old SE Codinan Sandy OK 97213	Den Doald D					
John briffith	10.1.20	10		_ [	<u> </u>	
OBox 231 Stevenson UA 98646	5 Vir Asst. 30	18,000				
Joe Griffith						
OBOX 629 White Samon WA 9867	2 Intern 10	6,500		_	0	
Bob Hasteller	1.			_		
520 NEITTYNA POHION OR 9721	3 Lead W. 10	<del>-</del>	-	J	<del>-0-</del>	
	3 CC GO 101. 10		<u> </u>		<u> </u>	
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				Form	990-EZ (2009)	

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		L
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		L
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		e
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		u
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			5.c.
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			I.
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.	1	ì	
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities . 39b	1	•	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶		*	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		L
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		· -	-
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			,
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	v
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Daniel Griffith Telephone no ▶59.			769
		<u>36 1</u>	<u>Q</u>	<b>-</b>
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		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country. ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		~>	
С	At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		[	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 55	
	Form 990-EZ	44	1	V
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	-	
	100, 1 cm 000 mad be completed inicial of 1 cm 000 LE	75		<u> </u>

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 at	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charita itable trusts mu	<b>ble trusts only.</b> A st answer question	ll sec ns 46	tion 5–49t	<b></b>		
	Did the organization engage in direct or indirect		ies on behalf of o	or in opposition to		Yes	No		
•,	candidates for public office? If "Yes," complete				46		V		
	Did the organization engage in lobbying activities	•	•		47				
	Is the organization a school as described in section		•		48				
	Did the organization make any transfers to an ex	-	ed organization?		49a	_			
	If "Yes," was the related organization a section is	•			49b				
	Complete this table for the organization's five hemployees) who each received more than \$100.								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) acc	Expensount a allowa	ise ind		
	None								
	·								
			<del>                                     </del>	<del> </del>		-			
		<u> </u>	ļ						
f	Total number of other employees paid over \$10	0.000				_			
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service						(c) Compensation		
	٠٤,.	· · · · · · · · · · · · · · · · · · ·							
d	Total number of other independent contractors	each receiving over \$100,0	000▶			-			
	Under penalties of peritiny, I declare than have examinand belief, it is true, content, and complete Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and s based on all informati	statements, and to the bes	st of my any kno	knowl	edge e		
Sign Here	Speature of officer  Type or print name and title	Fith -	Dice	4-2 Date C+0+	-	lC	<u> </u>		
Paid Prepare	Preparer's signature	Date	Check if self- employed ►	Preparer's identifying nur	nber (Se	e instruc	tions)		
Use On	yours if self-employed),			EIN ►	_				
May th	address, and ZIP + 4 P e IRS discuss this return with the preparer show	n above? See instructions		Phone no	Yes		No		
iviay III	o mo discuss this return with the preparer show	m above - oee manuchons	<u> </u>	Fo			(2009)		

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

4947(a)(1) nonexempt charitable trust.

Open to

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **d** ☐ Type III–Other a 🗌 Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? . . . . . 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes Nο **Total** 

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)	
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	177,477	214,791	193,890	205,393	209,710	1,001,211	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,					
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	177,477	214,791	193,890	205,343	209,710	1,001,211	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	13,163	29,356	39, 325	36,938	43,714	,	
6	Public support. Subtract line 5 from line 4	164,314		164,565				
	tion B. Total Support	<del> </del>	100, 00	11000	1301	<u> </u>	<u></u>	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	177,477	214,791	193.890	205,343	209,710	1,001,211	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .	177,477	214,791	193,890	205,343	209,710	1,001,211	
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	· <del></del> · · · · · · · · · · · · · · · · · ·	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ere	<u></u>		-		on 501(c)(3) ► □	
				1 001.195- (6)		14	74 %	
14	Public support percentage for 2009 (line		-	***		15	82 %	
15	Public support percentage from 2008 Sc						_	
16a	33% % support test – 2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box							
b	and stop here. The organization qualifies as a publicly supported organization							
b	box and <b>stop here</b> . The organization qua							
172				-				
174	10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □							
b 18	10%-facts-and-circumstances test~2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □							
	•		•				_	