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SCANNED JUN 3 0 2010

Form **990**

Return of Organization Exempt From Income Tax

2000

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

epartment of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirement

Open to Public

Inter		the organization may have to use a copy of this return				Inspection), I
<u>A</u> _	For th		2009, and ending	Dec	ember ,	20 10	
В	Check if	applicable Please C Name of organization Black Lake Bible Camp				identification i	
	Address	s change label or Doing Business As	ess) Room/suite		91 :	109035	7
	Name c	change print or Number and street (or P O box if mail is not delivered to street additional type.		E Telephone	number		
	Initial re	Co. CESA Portugue Pari CIA/			(360)	357-842	5
	Termina						
	Amende	ed return tons. Olympia, WA 98512-7052			G Gross recei	pts \$ 15	08730
	Application	on pending F Name and address of principal officer Steve Ewert		H(a) is the	s a group return for	affiliates?□ Yes	√ No
		same as above		1		luded? Tyes	□No
1	Tax-ex	empt status		1		t (see instructio	
J	Webs	ite: ► www.blacklakebiblecamp.com			exemption numb		
K	Form of	organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation	1946	M State of le	gal domicile W	'A
	art I	Summary					
		Briefly describe the organization's mission or most significant act	tuuties: Provide	religious	education	to prepare	
	'	children and yourg people to live as committed Christians in t	tomorrow's wor	ld and pa	rtnerina		
Š		with evangelical groups in promoting the gospel.	=======================================	13.71117.6.7			
'nar							
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than 25% of	fite not see	 ote		
Ğ				I III HOLDSO	3		6
oō ∽	1	Number of voting members of the governing body (Part VI, line 1	·	•	4		6
iŧe	1	Number of independent voting members of the governing body (Part VI, line 1b)		5		104
훒	Į.	Total number of employees (Part V, line 2a)	•		6		50
Ø	Į.	Total number of volunteers (estimate if necessary)		•	7a	- -	
		Total gross unrelated business revenue from Part VIII, column (C) Net unrelated business taxable income from Form 990-T, line 34	i, line 12	•	7a 7b		
-	<u> </u>	Net unrelated business taxable income from Form 990-1, line 34	· · · · · ·	Prior Ye		Current Yea	
			 	Frior 10			
ē		Contributions and grants (Part VIII, line 1h)			163726		51454
Revenue	1	Program service revenue (Part VIII, line 2g)			1306272	13	<u>56301</u>
Æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					975
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and					
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		469998	15	08730
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
s	1	Benefits paid to or for members (Part IX, column (A), line 4)					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5–10)		625419	6	9587 7
ĝ	16a	Professional fundraising fees (Part IX, column (A), line 116)	11/10				
ıΩ	1	Total fundraising expenses (Part IX, column (D), line 25)	IVEU H				
	17	Other expenses (Part IX, column (A), lines 11a-1104, 11f-24f)	. 701		744499		14352
	18	Total expenses. Add lines 13-17 (must equal Fart IX, column [A])	7 1120 (25)		369918		10229
. 0	19	Hevenue less expenses Subtract line 18 from line 12	1601		100080		<u>98501</u>
s or		Total assets (Part X, line 16)	C Be	ginning of C	urrent Year	End of Yea	<u>r </u>
Asset Bala	20	Total assets (Part X, line 16)	. T L	2	2735305		30270
Net A	21	Total liabilities (Part X, line 26)	-		945623		50049
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		789682	18	<u>80221</u>
16	rt II	Signature/Block					
		Under penalties of perjury. I declare that I have examined this return, including according and belief, it is true, correct, and complete Declaration of preparer (other than of	companying schedule	s and stater	nents, and to the	he best of my kn	owledge
		and select, it is not contest, any complete sectaration of preparer tother than or	incer, is based on an			•	wiedge
Sig					5-11-	10	
He	re	Signature of officer		Dat	e		
		Steve Evert Executive I	rector				
		Type or print name and title					
		Preparer's	Date Check self-	k if	Preparer s ider		
Paid	l	signature		yed ▶ 🔲	(see instruction	is)	
	arer's						
	Only	Firm's name (or yours		EIN	▶ :		
U36	Orny	if self-employed), address, and ZIP + 4		Phone n	0 🏲 ()		
Ma	y the	IRS discuss this return with the preparer shown above? (see insti	ructions)			Yes	No
							

Pai	t III Statement of Program Service Accomplishments
· 1	Briefly describe the organization's mission: Provide religious education to prepare children and young people to live as committed to Christian's in tomorrow's and partnering with evangelical groups in promoting the gospel.
	and partnering with evangencal groups in promoting the gospei.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 501(c)(3)) (Expenses \$ 714417 including grants of \$) (Revenue \$ 1356301) Black Lake Bible Camp served 13969 different individuals in camps and conferences. These individuals were part of over 300 different church and parachurch organizations that used our facilities in 2008.
4b	(Code·) (Expenses \$including grants of \$) (Revenue \$)
	······································
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	3	14a		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Par	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		√
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· /
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		- ' -
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_					
	U.S. Information Returns Enter -0- if not applicable	1a 2	,				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>					
С	Did the organization comply with backup withholding rules for reportable payments to vendor gaming (gambling) winnings to prize winners?	rs and reportable	1c		✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 104		:			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employments.		2b	1			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)	this return (see					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the this return?	year covered by	3a	:	1		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	e O .	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other authority	4 a	······································	4		
b	If "Yes," enter the name of the foreign country ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report and Financial Accounts.	of Foreign Bank					
	Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		√		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she		5b		√		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?						
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	_	1			
_	and services provided to the payor?		7a 7b		✓		
	If "Yes," did the organization notify the donor of the value of the goods or services provide		/ D				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property frequired to file Form 8282?	or which it was	7с		1		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ns on a personal	7e		4		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be	enefit contract?	7f		₹		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 at	s required?	7 <u>g</u>		-		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a required?	Form 1098-C as	7h	✓			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)	(3) supporting		1			
	organizations. Did the supporting organization, or a donor advised fund maintained by organization, have excess business holdings at any time during the year?	y a sponsonng	8		1		
	Sponsoring organizations maintaining donor advised funds.		_	:	,		
	Did the organization make any taxable distributions under section 4966?		9a		√		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		×		
10	Section 501(c)(7) organizations. Enter	10a		-			
a h	Initiation fees and capital contributions included on Part VIII, line 12	10b					
11	Section 501(c)(12) organizations. Enter:			:			
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b	122				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu if "Yes." enter the amount of tax-exempt interest received or accrued during the year.	of Form 10417	12a	·····			

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

<u>Sec</u>	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body							
b	Enter the number of voting members that are independent		1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		√				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓				
6	Does the organization have members or stockholders?	6		√				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,				
	of the governing body?	7a		1				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		· · ·				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1					
	the year by the following:		,					
a	The governing body?	8a	√					
b	Each committee with authority to act on behalf of the governing body?	_8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		_				
	tion B. Policies (This Section B requests information about policies not required by the Inte	HIIAI						
	side Odde.,		Yes	No				
40-	2	10a	163	<u>√</u>				
	Does the organization have local chapters, branches, or affiliates?	10a		·¥				
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b						
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11		1				
110				······				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		√				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c						
13	Does the organization have a written whistleblower policy?	13		1				
14	Does the organization have a written document retention and destruction policy?	14		1				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-					
а	The organization's CEO. Executive Director, or top management official	15a		√				
b	Other officers or key employees of the organization	15b		√				
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		✓_				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		- 1					
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1					
	the organization's exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s (only)					
	available for public inspection. Indicate how you make these available. Check all that apply.							
	☐ Own website ☐ Another's website ☑ Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest					
	policy, and financial statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the					
	organization ▶ Janelle Gibbs 6521 Fairview Rd SW Olympia, WA 98512 360-357-8425							

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	ırec	tor, or trustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average		on (,	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Larry Hansen Chariman	4.0									
30813 Ne 132 Ave Battle Ground, WA 98604	1-2			1						
Jerry Hancuff Treasurer	1-2							-		
98 Garden St Kelso, WA 98626	1-2			1						
Nathan Jacobs Board Member	1-2									
12535 LaFrance Rd SW Olympia, WA 98512	1-2	1	ļ				<u> </u>			
Jerry Sorrell Secretary	1-2									
1108 Hazel Dell Rd Castle Rock, WA 98611				✓		ļ				
Roger Petersohn Vice-Chairman	1-2									
1424 Weathervane Dr. Fircrest, WA 98466				✓	ļ		ļ			
Mark Niklas Board Member	1-2	ĺ								
20936 Hubbard Cutoff Aurora, OR 97002		1	L	<u> </u>		ļ				
Steve Ewert Executive Director	1-2					l		64936		
6307 Black Lake-Belmore Rd Olympia WA 98			ļ	1	<u> </u>	ļ				
	-									

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (continu	ied)	
	(A)	(B)			(6	C)			(D)	(E)	(F)		
	Name and title	Average hours per	익물			all 6y	that ap		Reportable compensation			Estimat amount	
		week	Individual trustee or director	nstitutional trustee	Officer	y employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	other Impensa from the Irganiza and rela Irganizat	ne tion ted
					-								
											-	,	
					-						+		·····
											-		·····
1b	Total	•						>					
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above) wh	o received mo	ore than \$100,	000 in		
	reportable compensation from the organize	1007										Yes	No
3	Did the organization list any former office							oyee	e, or highest c	ompensated	3		1
4	employee on line 1a? If "Yes," complete Se For any individual listed on line 1a, is the s	sum of repo	ortabl	e co	omp	ens	ation				3	-	
	the organization and related organizations individual	•									4	ļ	1
5 	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete	sens Sch	satio edu	on f le J	rom a	any <i>uch</i>	unrelated org	anization for	5		1
	ction B. Independent Contractors									 			
1	Complete this table for your five highest co compensation from the organization	ompensate	d ind	epe	nde 	nt c	ontra	ctor	s that received	d more than \$	100,00	00 of	
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) ensatio	n
	Total number of index and			lue-	.4.5.1	.			المالية				
2	Total number of independent contractors (in more than \$100,000 in compensation from					iO I	iiose	แชเธ	above) wno	received			

Par	t VII	Statement of Revenue						
				Ì	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above	1a	151454	777			
Con		Noncash contributions included in lines 1a Total. Add lines 1a–1f	••••		151454			
Program Service Revenue	2a	Camps and Conferences		siness Code	1356301	1356301		
e Re	b					· · · · · · · · · · · · · · · · · · ·		
ervic	C							
Š	de							
odus	f	All other program service revenu						
<u>~</u>	g	Total. Add lines 2a-2f	• •	. •				
	3	Investment income (including divother similar amounts) Income from investment of tax-exen		▶	975			
	5	Royalties	1 (1)	. Personal				
	b	Gross Rents . Less' rental expenses Rental income or (loss) Net rental income or (loss) .		Personal				
	1	Gross amount from sales of assets other than inventory	ties	(ii) Other				
		Less cost or other basis and sales expenses						
-	d		·	. •				
Revenue	8a	Gross income from fundrais events (not including \$	1c)					
Other		Less: direct expenses Net income or (loss) from fundra	b	s. >				
	1	Gross income from gaming activities See Part IV, line 19	. a					
		Less: direct expenses . Net income or (loss) from gamin	. b	. ▶	· · · · · · · · · · · · · · · · · · ·			
		Gross sales of inventory, I returns and allowances Less: cost of goods sold	1	_				
		Net income or (loss) from sales of	inventory.			·		
		Miscellaneous Revenue	Bus	iness Code				
	11a		l					
	ĺ							
	d	All other revenue						
	е	Total. Add lines 11a-11d .		🟲	4800000	40.000		
	12	Total revenue. See instructions		🟲	1508730	1356301		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				······					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				······					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
5	Compensation of current officers, directors, trustees, and key employees	64936		64936						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100707		202722						
7	Other salaries and wages	432737	167004	265733						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18527		18527						
9	Other employee benefits	109273		109273						
10	Payroll taxes	70404		70404						
11	Fees for services (non-employees)									
	Management ,									
	Legal									
	Accounting									
d										
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
9 12	Other	31340		31340						
13	Advertising and promotion	31808		31808	·····					
14	Information technology									
15	Royalties									
16	Occupancy	192007	192007							
17	Travel	3983		3983						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	6940		6940						
20	Interest	60154		60154						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization.									
23	Insurance	32714		32714						
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)									
а	Camp Store expenses	21565	21565							
b	Food Service expenses	232857	232857							
C	Guest Service/Housekeeping expenses	11552	11552 64901							
d	Day and Resident camp expenses Misc. Administrative expenses	64901 24178	24178							
e		353	353							
f 25	All other expenses Misc Marketing expense Total functional expenses. Add lines 1 through 24f	1410229	714417	695812						
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1719223	,,,,,,,,,,	555012						