



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2010

Open to Public
Inspection

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, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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 2010 calendar year, or tax year beginning 01/01 , 2010, and ending 12/31 , 20 10

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
SMILE

D Employer identification number
91-1823228

E Telephone number
509-448-8886

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.smilelifework.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **88,005**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	23,812
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income <i>Statement #1</i>	4	1,028
	5a Gross amount from sale of assets other than inventory	5a	58,000
	b Less: cost or other basis and sales expenses	5b	58,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5,165
c Less: direct expenses from gaming and fundraising events <i>Statement #2</i>	6c	24,865	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-19,700	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	5,140
	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
Net Assets	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	2,805
	15 Printing, publications, postage, and shipping	15	1,130
	16 Other expenses (describe in Schedule O) <i>Statement #3</i>	16	5,175
	17 Total expenses. Add lines 10 through 16 ▶	17	9,110
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,970
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	114,388	
20 Other changes in net assets or fund balances (explain in Schedule O) <i>Statement #4</i>	20	167	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	110,585	

SCANNED AUG 26 2011

99 22

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

Check if the organization used Schedule O to respond to any question in this Part V. []

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35 If the organization had income from business activities... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9. 39b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955. 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of Amy Roberts. Telephone no. 509-710-0351. Located at 1813 N Harmony Lane, Spokane Valley, WA 99016. ZIP + 4 99016. 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041. 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?		✓
b If "Yes," was the related organization a section 527 organization?		

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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here

Signature of officer: *Amy Roberts* Date: 8/18/11

Amy Roberts, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SMILE

91-1823228

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,489	27,494	31,263	21,758	23,812	126,816
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,272	5,905	6,545	5,452	5,165	29,339
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	28,761	33,399	37,808	27,210	28,977	156,155
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,557	3,394	4,944	4,385	5,481	23,761
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	5,557	3,394	4,944	4,385	5,481	23,761
8 Public support (Subtract line 7c from line 6.)						132,394

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	28,761	33,399	37,808	27,210	28,977	156,155
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,938	2,945	3,348	2,662	1,028	12,921
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	2,938	2,945	3,348	2,662	1,028	12,921
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	31,699	36,344	41,156	29,872	30,005	169,076

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	78.3 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	77.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	7.64 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	7.71 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - None Noted

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

SMILE

Employer identification number

91-1823228

Form 990-EZ, Part I, Line 16 - Refer to Attached Statement 3 for explanation

Form 990-EZ, Part I, Line 20 - Refer to Statement 4 for Explanation

Form 990-EZ, Part II, Line 24 - See Statement 3

Primary Exempt Purpose

Primary Exempt Purpose

Helping young people cope with everyday stresses through education

Statement 1 Form 990EZ, Part I - Investment Income

Dividend Income	\$	0	
Interest Income	\$	1,028	
	\$	1,028	(Part I, line 4)
Source			
2010 1099 - RBC Dain Rauscher	\$	459	
2010 1099-INT Washington Trust Bank	\$	569	
Miscellaneous Income (plug)	\$	-	
Proceeds from Broker Transactions (Form 1099-B)	\$	58,000	(Part I, Line 5)
Source			
2010 1099 - RBC Dain Rauscher			

Statement 2 Form 990EZ, Part I -Special Events & Activities

	Gross Revenue	Direct Expenses	Net Income
Conferences & Special Projects	\$ 5,040	\$ 24,865	\$ (19,825)
Ebay	\$ 125	\$ -	\$ 125
	\$ 5,165	\$ 24,865	\$ (19,700)
	Part I, Line 6a	Part I, Line 6b	

Statement 3 Form 990EZ, Part I -Other Expenses

Supplies	\$	1,554	
Travel	\$	447	
Depreciation	\$	808	
Administrative Expenses	\$	10	
Bank Charges	\$	432	
Books	\$	876	
Meals	\$	269	
Miscellaneous	\$	779	
	\$	5,175	Part I, Line 16

Statement 4 Form 990EZ, Part I -Other increases(decreases) in Fund Balance

Unrealized Gain (Loss) on Investment	\$	167
--------------------------------------	----	-----

Statement 5 Form 990EZ, Part II -Cash, Savings & Investments

	Beginning of year	End of year
Savings & Investments	\$ 109,011	\$ 104,863

Statement 6 Form 990EZ, Part II - Other Assets

	Beginning of year	End of year
Other Assets	\$ 3,000	\$ 1,900
PPE	\$ 2,377	\$ 3,823
	\$ 5,377	\$ 5,723

Statement 7 Form 990EZ, Part III - Statement of Program Service Accomplishments

	Grants	Expenses
Donation of Books for School Libranes, Smile Library & Conference	\$ -	\$ 876
Educate the Public on Developmental Skills through conferences	\$ 3,125	\$ 24,865
	\$ 3,125	\$ 25,741

BOARD MEMBERS FOR SMILE 2010

Ted Toribara, M.D., President
(DOB 9-1-44)

2530 E. 38th Avenue, Spokane, WA 99223
1-509-448-4899 – home
1-509-299-3121 – work
1-509-448-8886 - SMILE
ttori@smilelifework.org
Business Affiliations: WSMA, WAFP, AAFP

Susan Toribara, Vice-President
(DOB 10-27-71)

725 June Dr. Molalla, OR 97038
1-503-829-3356 – home
1-503-329-0642
susant@smilelifework.org

Tim Hunter, Vice-President
(DOB 10-20-70)

756 June Drive, Molalla, OR 97038
1-503-829-3356 – home
1-503-969-1741 – cell
timhunter@abcsupply.com
Business Affiliations: ABC Supply

Anne Vigesa Carr, Secretary
(DOB 1-30-41)

409 N. Timberlane, Spokane Valley, WA 99037
1-509-535-7485 - home
1-509-435-1966 – cell
annevigesaacarr@hotmail.com
Business Affiliations: Retired Office Manager

Amy Roberts, CPA, Treasurer
(DOB 5-19-76)

1813 N. Harmony Lane, Greenacres, WA 99016
1-509-928-9640 – home
1-509-710-0351 – cell
aroberts@bdo.com
Business Affiliations: Washington State Society of
Certified Public Accountants

Christie Toribara, Executive Director
(DOB 10-1-45)

2530 E. 38th Avenue, Spokane, WA 99223
1-509-448-4899– home
1-509-448-8886 – SMILE
smile@smilelifework.org
Business Affiliations: Safeway, WPA, SPA, WYSP, ASK

Jim and Linda Lang, Historians
(Linda DOB 11-12-41)
(Jim DOB 8-22-37)

12431 NE 65th Lane, Kirkland, WA 98033
1-425-827-5514 – home
1-206-276-0790 – Jim cell
svaeolus@hotmail.com
Business Affiliations: **Jim** – retired school counselor
Linda – Admissions Committee for
U of WA School of Pharmacy

Statement #8

BOARD MEMBERS FOR SMILE CONTINUED

Paul Quinnett, Ph.D.
Suicidologist
(DOB 11-17-39)

Director, QPR Institute
P O Box 2867, Spokane, WA 99220
1-509-235-8823 – work
1-509-951-8415 – cell
1-509-536-5400 – fax
1-888-726-7926 – Institute phone
pquinnett@mindspring.com
Website: www.qprinstitute.com
Business Affiliations: QPR Institute

Lou Sowers, Ph.D.
Child/Adolescent Psychologist
(DOB 12-28-60)

12615 S. Goss Road, Cheney, WA 99004
1-509-443-6587 – home
1-509-458-7458 – work
lsowers@smhca.org
Business Affiliations: Washington Community Mental
Health Council, American Psychological Association

Julia Ann Magee
(DOB 11-05-1952)

35318 N River Estates Lane, Chattaroy, WA 99003
1-509-292-8875 – home
1-509-953-0275 – cell
Business Affiliations: Cheney School District

Jon McClellan, MD
Professor
(DOB 10/09/58)

Box 356560, Seattle, WA 98105
1-253-756-2319 - work
1-253-756-3911 - fax
drjack@u.washington.edu
Business Affiliations: Department of Psychiatry
University of Washington

Auxiliary Member

Joe Dinnison
(DOB 1-20-57)

6205 S. Ferrall Ct., Spokane, WA 99223
1-509-777-4363—home
1-509-8694509—cell
jdinnison@whitworth.edu
Business Affiliations: Owner:
Hotel Lusso: Whitworth Foundation