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Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public

Inspection

<u> </u>	or the Z	of I calendar year, or tax year beginning and ending		
Во	heck if	C Name of organization	D Employer identif	ication number
а	pplicable	SMITH-BARBIERI PROGRESSIVE FUND	' '	
	Address change	A CHARITABLE FOUNDATION		
T	Name change	Doing Business As	─ │ 91_1	.914985
	Tinitial	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
\vdash	∐return ∏Termin-	1		
<u> </u>	ated Amended	820 N. POST STREET 603		951-9535
\vdash	Jreturn	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,878,201.
	Applica- tion pending	SPOKANE, WA 99201-5080	H(a) Is this a group i	
	pending	F Name and address of principal officer:DONALD K. BARBIERI	for affiliates?	Yes X No
		820 N. POST STREET #603, SPOKANE, WA 9920	1 H(b) Are all affiliates in	cluded? Yes No
1 T	ax-exem	pt status: X 501(c)(3)	527 If "No," attach a	a list (see instructions)
		▶ N/A	H(c) Group exempte	on number 🕨
K F	orm of or	ganization: Corporation X Trust Association Other Ly	ear of formation: 1998	M State of legal domicile: WA
		ummary		
		efly describe the organization's mission or most significant activities PROVIDE	LOW INCOME HO	DUSTING FOR
Activities & Governance		UALIFYING ELDERLY AND DISABLED INDIVIDUALS.	THE INCOME	
nar		eck this box If the organization discontinued its operations or disposed of n		
Ve.	_		1	1
Ś	1	imber of voting members of the governing body (Part VI, line 1a)	3	2
9	l	imber of independent voting members of the governing body (Part VI, line 1b)	4	0
ies	_	tal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
Ξ	6 To	tal number of volunteers (estimate if necessary)	6	0
₽¢	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
_	b Ne	t unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
a	8 Cc	ontributions and grants (Part VIII, line 1h)	0.	329,250.
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	1,464,326.	1,460,596.
e	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	35,284.	147,789.
Œ	1	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	1	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,499,610.	
-		ants and similar amounts paid (Part IX, column (A), lines 1-3)	15,500.	369,419.
			0.	0.
	ř	rnefits paid to or for members (Part IX, column (A), line 4)	0.	
ses	ľ	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)	<u>U.</u>	0.
Ϋ́	l	tal fundraising expenses (Part IX, column (D), line 25)	1 000 540	1 000 500
ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,228,540.	
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A) Hine 25 VFD	1,244,040.	
	19 Re	venue less expenses. Subtract line 18 from line 12	255,570.	284,827.
Assets or Balances		tal assets (Part X, line 16)	Beginning of Current Year	End of Year
agets	20 To	tal assets (i art X, iiilo 10)	3,876,794.	4,094,444.
let As Ind B	21 To	tal liabilities (Part X, line 26)	1,276,827.	1,209,650.
훒		et assets or fund balances Subtract line 21 from line 20	2,599,967.	2,884,794.
Pa		Signature Block		
Und	er penaltie	s of perjury, I declare that Thave examined this return, including accompanying schedules and sta	itements, and to the best of n	ny knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	(S)	(L) // // / / / / / /	9-29-1	λ
Sign	, ≪"	Signature of officer	Date	
Her	e ଲେ	DONALD K. BARBIERI, TRUSTEE		
		Type or print name and title		
	2013	rint/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		EVIN R SELL, CPA	3/17/12 self-emplo	yed P01202132
	<u> </u>	rm's name HEISKELL MACGILLIVRAY & ASSOCIATES,	PS Firm's EIN ▶	47-0888689
		rm's address 1516 W. RIVERSIDE		
J00	~~~ *	SPOKANE, WA 99201	Phone no. (509) 455-8173
N 4 :	Aba ID	discuss this return with the preparer shown above? (see instructions)	Tritolie ilo.	X Yes No
				Form 990 (2011)
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	3E.	PONTO O LOW ONGWITHMITON MIDDION DINIE		/

SMITH-BARBIERI PROGRESSIVE FUND A CHARTTARILE FOINDATTON

	rt III Statement of Program Service Accomplishments	91-1914985 Pa	age 2
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Briefly describe the organization's mission:		لها_
•	PROVIDE LOW INCOME HOUSING FOR QUALIFYING ELDERLY AND D	ISABLED	
	INDIVIDUALS. THE INCOME GENERATED BY THE CASH AND SECU		
	TRANSACTIONS WILL BE CONTRIBUTED TO ORGANIZATIONS EXEMP		
	SECTION 501(C)(3), AS THE TRUSTEES DETERMINE APPROPRIATION		
2	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	☐ Yes 🗓	T No
		L Tes LA	7 140
_	If "Yes," describe these new services on Schedule O.	Yes X	٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LIYes LA	⊔ ио
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	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) (Expenses \$1, 279, 018. including grants of \$) (Revenue)		
	INCOME AND EXPENSES RELATED TO THE LOW-INCOME HOUSING A	<u> PARTMENTS- EXP</u>	<u>o</u>
	TOWER ASSOCIATES AND PINE VILLA ASSOCIATES.		
		-	
		 -	
		· · · · · · · · · · · · · · · · · · ·	
46	7- 262 410 362 410 \		
4b	(Code) (Expenses \$ 363,419. including grants of \$ 363,419.) (Revenue COMMENTALITY FOUNDAMENT))
4b	CONTRIBUTION TO THE INLAND NORTHWEST COMMUNITY FOUNDATION		<u> </u>
4b			<u>s</u>)
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	OF COMMUNITY ENRICHMENT	ON FOR PURPOSE	<u>s</u>)
4b	CONTRIBUTION TO THE INLAND NORTHWEST COMMUNITY FOUNDATION OF COMMUNITY ENRICHMENT (Code)(Expenses \$ 6,000. Including grants of \$ 6,000.) (Revenue of \$ 6,000.)	ON FOR PURPOSE	S
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	CONTRIBUTION TO THE INLAND NORTHWEST COMMUNITY FOUNDATION OF COMMUNITY ENRICHMENT (Code)(Expenses \$ 6,000. Including grants of \$ 6,000.) (Revenue of \$ 6,000.)	ON FOR PURPOSE)
4c	CONTRIBUTION TO THE INLAND NORTHWEST COMMUNITY FOUNDATION FOUNDATION COMMUNITY ENRICHMENT (Code)(Expenses \$ 6,000. Including grants of \$ 6,000.) (Revenue GRANTS UNDER \$5,000 USED FOR VARIOUS CHARITABLE PURPOSES) Code)(Expenses \$ 6,000. Including grants of \$ 6,000.) (Revenue GRANTS UNDER \$5,000 USED FOR VARIOUS CHARITABLE PURPOSES) Code	ON FOR PURPOSE)
4c	CONTRIBUTION TO THE INLAND NORTHWEST COMMUNITY FOUNDATION GRANTS UNDER \$5,000 USED FOR VARIOUS CHARITABLE PURPOSES Cother program services (Describe in Schedule O.)	ON FOR PURPOSE)

Form 990 (2011) A CHARITABLE FOUNDATION
Part 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			Į
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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	11b		X
C	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	11c	X	<u> </u>
d	·			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				77
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14h		х
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ _
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ _
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	n in a min and ma ma and man and man and the man and t		990 (2011)

91-1914985 Page 4

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), the 21 If Viss, "complete Schedule, I Parts I and II! 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), the 21 If Viss, "complete Schedule, I Parts I and III. 23 Dut 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 A. If "Yes," complete Schedule II. If Vise, "complete Schedule III. If Vise, "organization answer is a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list 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 Dut the organization maintain an escrow account other than a refunding secrew at any time during the year? 25b Dut the organization maintain an escrow account other than a refunding secrew at any time during the year? 26c Dut the organization and a san on behalf of "issuer for bonds outstanding at any time during the year? 27d Dut the organization and the san one behalf of "issuer for bonds outstanding at any time during the year? 28d Section 501(6)(3) and 501(6)(4) organizations. Dut the organization engage 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 engage 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 specified entity or family member of any of the organization is accordance to a specified entity or family member of any of these persons? If "Yes," complete Schedule II. Part IV III. 28d Was the organization provi				Yes	No
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), the 2? If "Yes," complete Schedule I, Part I and III! 23 Dut the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule IS Schedule II, If Yes, "complete Schedule II, If Yes," complete Schedule II, If Yes, "complete Schedule II, If Yes," complete Schedule II, If Yes, "complete Schedule II, If If III III III III III III III I	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (Å), his 2? II "Yes," complete Schedule I, Parts I and III 2 hid the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is. If "I'v's," or time 25 b) Did the organization nivest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding section at any time during the year to defease any tax-exempt bonds? d) Did the organization and an an escrow account other than a refunding section at any time during the year to defease any tax-exempt bonds? 5 Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II b is the organization as of the organization and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's tax year? If "Yes," complete Schedule I, Part II b is the organization as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II b is the organization as of the end of the organization is tax year? If "Yes," complete Schedule I, Part IV b A family member of any of these persons? If "Yes," complete Schedule I, Part IV b A family member of any of these persons? If "Yes," complete Schedule I, Part IV b A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV b A nemtry of which a current or former officer, director, trustee, or key employee or a far		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	X	
23 Dut the organization answer "Yes" to Part VII, Section A, Inis 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 U and the year, that was issued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 Did the organization have a tax-exempt bond saue with an outstanding principal amount of more up 24d and complete Schedule K. If "No.", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? do the expensive property of the organization and the secret property of the organization and the organization and the secret property of the organization and the organization and the secret property of the organization and the secret property of the organization and the organization and any of the organization and the secret property of the organization and the organization and the secret property of the organization and the organization of the organization of the organization and the secret property of the organization of the organization and the secret property of the organization of the	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the sale of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year? If "Yes," complete Schedule L, Part I 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 organizations's tax year? If "Yes," complete Schedule L, Part II/ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II/ An entity of which a current for former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II/ An entity of which a current for former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member theroof was an officer, director, trustee, or key employee for a family ember theroof was an officer, director, trustee, or key employee for a family ember theroof was an officer, director,			22		X
Schedule J 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 Discember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25	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 b Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization has not been reported on any of the organization's prior forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I is the organization has not been reported on any of the organization's tax year? If "Yes," complete Schedule L, Part I is 25b. X 27 Did the organization part of order assistance to an 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 is 25b. X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable thing thresholds; conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds; conditions, and exceptions? If yes," complete Schedule II, Part II is 25b. A instruction of the discount of the parties of the discount of the parties of the parties of the parties of the parties of the organization receive onor than 25b; complete Schedule L, Part IV in the organization receive more than 25b; complete Schedule L,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l i	
stat 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 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did 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 tax year? If "Yes," complete Schedule L, Part II d 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 is tax year? If "Yes," complete Schedule L, Part II d Was the organization provide a grant or other assistance to an officer, director, trustee, levy employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV was the organization provide a grant or other assistance to an officer, director, trustee, levy employee? If "Yes," complete Schedule L, Part IV a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of accument or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		· · · · · ·	23		X
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?	_				
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a		X
			14b		

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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.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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?	2	X	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		Х
	Other officers or key employees of the organization	15b		X
-	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard 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 ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	SHARON K. SMITH - 509-999-9926	-		
	820 N. POST STREET #603, SPOKANE, WA 99201			

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

(describe hours for related organizations in Schedule O) 1.00	Individua Х	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			_				0.	0.	0
1.00	х								
							0.	0.	0
1									
	_								

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Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr orga and	pensa om the anizati d relate anizatio	e ion ed
			=	바	Ю	2	= 5	2						
												_		
													 .	
	Sub-total Total from continuation sheets to Part V	I Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	d al	oove	e) wh	no re	0.	,000 of reportable	0.			0.
	compensation from the organization	.,											Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u>x</u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	•		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com tion B. Independent Contractors	· ·				-		elat	ed organization or indivi	dual for services		_5		Х
1	Complete this table for your five highest co the organization Report compensation for										ens:	ation f	rom	
	(A) Name and business		-	ONE			<u> </u>		(B) Description of s		С	(C omper		<u> </u>
								-				_		
2	Total number of independent contractors (i		ot lii	mite	d to		_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >)					Form (200 (2	011

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Statement of Revenue Part VIII (D)
Revenue
excluded from
tax under
sections 512,
513, or 514 (B) (C) (A) Related or Unrelated Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and <u>329,250</u> similar amounts not included above. 329,250 g Noncash contributions included in lines 1a-1f \$ 329,250 h Total. Add lines 1a-1f **Business Code** 1252774. 2 a EXPO TOWER ASSOCIATES 531110 1252774. Program Service 531110 207,822. 207,822. b PINE VILLA ASSOCIATES f All other program service revenue 1460596. Total, Add lines 2a-2f Investment income (including dividends, interest, and 16,736. 16,736. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less, rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 1,061,225, b Less: cost or other basis 930172 and sales expenses 131053. c Gain or (loss) 131,053. 131,053. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER REVENUE 900099 10,394 10,394. d All other revenue 10,394. e Total. Add lines 11a-11d 158,183. 1948029 1460596. Total revenue See instructions.

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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).

COMP	check if Schedule O contains a respons	se to any guestion in thi	s Part IX		
Do 1	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	260 410	260 410		
	organizations in the United States. See Part IV, line 21	369,419.	369,419.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	5,737.		5,737.	
b	Legal	6,655.	-	6,655.	
C	Accounting	1,750.		1,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology		_		
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RENTAL EXPENSES - EXPO T	1,118,917.	1,118,917.		
b	RENTAL EXPENSES- PINE V	160,101.	160,101.		
c	FOREIGN TAXES	368.	368.		
ď	MISCELLANEOUS	255.	255.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,663,202.	1,649,060.	14,142.	0.
26	Joint costs. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fig following SOP 98-2 (ASC 958-720)				
12201	0.01-23-12				Form 990 (2011)

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Part X | Balance Sheet

Pai	rt X	Balance Sheet		_	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	38,671.	1	107,799.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees,	key		
	-	employees, and highest compensated employees. Complete Part			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under se	ction	_	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contri			
		employers and sponsoring organizations of section 501(c)(9) volu			
		employees' beneficiary organizations (see instructions)	·······	6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D 10a			
	۱ ,	Less. accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	577,278.	11	573,497.
	12	Investments - other securities See Part IV, line 11	377,270.	12	3/3/±3/6
	13	Investments - program-related. See Part IV, line 11	3,260,845.	13	3,413,148.
	14	Intangible assets	3,200,043.	14	3/413/140
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,876,794.	16	4,094,444.
	17	Accounts payable and accrued expenses	370707734	17	1/051/111.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(A)	21	Escrow or custodial account liability. Complete Part IV of Schedu	le D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key e			
Ē	_	highest compensated employees, and disqualified persons. Com	1 3		
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,215,938.	23	1,148,761.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related	third		
		parties, and other liabilities not included on lines 17-24). Complete			
		Schedule D	60,889.	25	60,889.
	26	Total liabilities. Add lines 17 through 25	1,276,827.	26	1,209,650.
			d complete		
S		lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets		27	
a a	28	Temporarily restricted net assets		28	
E E	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here	X and		
F		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	1,225,455.	30	1,225,455.
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fu	4 4 4 4 4 4 4	32	1,659,339.
ş	33	Total net assets or fund balances	2,599,967.	33	2,884,794.
	34	Total liabilities and net assets/fund balances	3,876,794.	34	4,094,444.
		Total nabilitios and not about original balances	5/5/5//54		Form 990 (2011)

SMITH-BARBIERI PROGRESSIVE FUND 91-1914985 CHARITABLE FOUNDATION Page **12** Form 990 (2011) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI 1,948,029 Total revenue (must equal Part VIII, column (A), line 12) 1 ,663,202. Total expenses (must equal Part IX, column (A), line 25) 2 284,827. Revenue less expenses. Subtract line 2 from line 1 3 4 2,599,967. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) 5 2,884,794. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

___ Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Separate basis

Act and OMB Circular A-133?

Form **990** (2011)

За

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2011

Open to Public Inspection

Name of the organization

SMITH-BARBIERI PROGRESSIVE FUND

Employer identification number 91 – 1 91 4 9 8 5

		A CHARI	TABLE FOUNDA	MOITA					91	L-1914	985	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	t.) See ins	tructions.				
he organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				_	
1 🔲			s, or association of chur									
2			'0(b)(1)(A)(ii). (Attach Sc									
з 🗀			tal service organization	-	ın section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital'	s name	
	city, and state	_	•		•				•	•		
5	•		benefit of a college or ui	niversity ov	wned or op	perated by	a governi	nental unr	t describe	d in		
	_	(b)(1)(A)(iv). (Comple	_	•			•					
6 🗀			ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	•		eives a substantial part					r from the	general p	ublic descr	ıbed ın	
	-	b)(1)(A)(vi). (Comple	•	• • •		•						
в 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives. (1) more than 33			rom contri	butions, n	nembershij	p fees, an	d gross rec	eipts fr	om
	-		nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete										
10 🔲	An organizati	on organized and of	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes of	f one o	•
	more publicly	supported organiza	ations described in secti	on 509(a)(²	1) or sectio	on 509(a)(2	2) See sec	ction 509(a	a)(3). Che	ck the box t	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type I	b	☐ Type II 💢	с 🔲 Тур	e III - Func	tionally int	egrated		d 🔲	Type III - O	ther	
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified p	ersons othe	er than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or s	ection 509((a)(2).	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box			•						
g	Since August	17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?	-		
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons d	lescribed	ın (ıı) and (ı	ııi) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) (or (ii) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
								. —				
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Did you		(vi) Is organizatio	the	(vii) Am	ount of	
org	anızatıon		(described on lines 1-9		sted in your document?			l(i) organiz	ed in the	supp	ort	
			above or IRC section	•				U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1			_					
				 								
					1							
		<u> </u>		 	_				-			
]	ļ]				
				1		_			 			
					į							
				 		_		 -	-			
			1						1			

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

Schedule A (Form 990 or 990-EZ) 2011

(Complete only if you checke fails to qualify under the test	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
Section A. Public Support	s listed below, pież					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(a) 2001	(b) 2000	(6) 2009	(4) 2010	(6) 2011	(I) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-			_			
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities	1					
furnished by a governmental unit to						
the organization without charge						_
4 Total. Add lines 1 through 3			ļ			
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 instructi	ons)			12	•
13 First five years. If the Form 990 is fo			rd. fourth, or fifth t	ax vear as a section		
organization, check this box and sto		, ,			· // /	▶□
Section C. Computation of Pub		rcentage				
14 Public support percentage for 2011	(line 6. column (f) d	ivided by line 11.	column (f))		14	
15 Public support percentage from 201		=			15	
16a 33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or i	nore, check this be	
stop here. The organization qualifies						▶□
b 33 1/3% support test - 2010. If the		_		d line 15 is 33 1/3%	6 or more, check t	his box
and stop here. The organization qua					•	▶□
17a 10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more,
and if the organization meets the "fa						
meets the "facts-and-circumstances						▶□
b 10% -facts-and-circumstances tes					17a, and line 15 is	10% or
more, and if the organization meets t						
organization meets the "facts-and-cil						▶ □

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

Schedule A (Form 990 or 990-EZ) 2011 A CHARITABLE FOUNDATION

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

Sec	qualify under the tests listed be etion A. Public Support	elow, please compl	lete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2007	(0) 2008	(6) 2009	(u) 2010	(e) 2011	(I) Total
1	membership fees received. (Do not						
	include any "unusual grants.")					329 250	329,250.
_	· · · · · · · · · · · · · · · · · · ·					323,230.	323,230.
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	1,296,725.	1,315,921,	1,277,628.	1,464,326.	1,460,596.	6,815,196,
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,296,725,	1,315,921,	1,277,628,	1,464,326.	1,789,846,	7,144,446,
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					329,250.	329,250.
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					222 252	0.
-	Add lines 7a and 7b					329,250.	329,250.
	Public support (Subtract line 7c from line 6) :: tion B. Total Support						6,815,196.
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,296,725.	1,315,921,	1,277,628,	1,464,326.	1,789,846.	7,144,446.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,099.	33,855.	29,384.	16,558.	16,736.	131,632.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	35,099.	33,855.	29,384.	16,558.	16,736.	131,632.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	1,331,824,	1,349,776,	1,307,012.	1,480,884,	1,806,582.	7,276,078,
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	k year as a section	n 501(c)(3) organız	ation,
	check this box and stop here				 		
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2011 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	93.67 <u>%</u>
16	Public support percentage from 2010	Schedule A, Part I	II, line 15	_		16	%
Sec	ction D. Computation of Inves	stment Income	Percentage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 20	111 (line 10c, colum	in (f) divided by line	e 13, column (f))		17	<u>1.81 %</u>
18	Investment income percentage from 2	2010 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2011. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
J-	more than 33 1/3%, check this box at 33 1/3% support tests - 2010. If the						▶ X
a	line 18 is not more than 33 1/3%, che						.
20	Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

SMITH-BARBIERI PROGRESSIVE FUND A CHARITABLE FOUNDATION

Employer identification number 91-1914985

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor		used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
-	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь ь	Total acreage restricted by conservation easements		2b
6	Number of conservation easements on a certified historic st	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		
u	listed in the National Register	arter of 17700, and not on a motoric structi	2d
•	Number of conservation easements modified, transferred, re	blassed extinguished or terminated by the	
3	-	sieased, extiliguished, or terminated by the	organization during the tax
	year ▶ Number of states where property subject to conservation ea	ecoment is located	
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) abo		
8		ve satisfy the requirements of section 170	Yes No
_	and section 170(h)(4)(B)(ii)?	tion accompate in its revenue and evacue	
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
Dar	conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or O	ther Similar Assets
rai	Complete if the organization answered "Yes" to Form		ther diffinal Addets.
4 -	If the organization elected, as permitted under SFAS 116 (A)		nont and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
			nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described		and belower thank works of out brokeweel
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

SMITH-BARBIERI PROGRESSIVE FUND

	t III Organizations Maintaining C	TABLE FOUN			assuras o	r Other				Page 2
3	Using the organization's acquisition, accessing	on, and other record	is, cneci	cany or the	lollowing that	l are a sig	iiiicani u	ise oi its	Collection	ritems
	(check all that apply):		. —							
a	Public exhibition	d			hange progra	ms				
þ	Scholarly research	е		Other				-		
С	Preservation for future generations							5		
4	Provide a description of the organization's co							se in Par	t XIV.	
5	During the year, did the organization solicit o					er sımılar a	assets	 -	٦	<u> </u>
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	on answered "	Yes" to F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par			 .					·	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other ass	sets not ir	ncluded	_	٦.,	<u></u>
	on Form 990, Part X?						-	<u> </u>	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing 1	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance .		•				1f		-	
	Did the organization include an amount on Fe	orm 990, Part X, line	21?		•			L	Yes	∟ No
_	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete				1		_			
	•	(a) Current year	(b) P	rior year	(c) Two years	s back (c	Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions			-						
C	Net investment earnings, gains, and losses								_	
d	Grants or scholarships						_			
е	Other expenditures for facilities				ļ					
	and programs									
f	Administrative expenses				 					
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administer	red for the	e organiz	ation	Г	
	by.									Yes No
	(i) unrelated organizations	•							3a(i)	-
	(ii) related organizations								3a(ii)	-
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value
		basis (investi	nent)	Dasis	(other)	aepr	reciation	<u> </u>		
1a	Land									
b	Buildings .									
C	Leasehold improvements					-				
d										
	Other			L		_		_		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line '	10(c).)					0.

Schedule D (Form 990) 2011

	ERI PROGRESS		0.1	101100	
Schedule D (Form 990) 2011 A CHARITABL Part VII Investments - Other Securities. Se	E FOUNDATION	12	91	-1914985 Pag	е
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua		
(1) Financial derivatives			<u> </u>		_
(2) Closely-held equity interests		<u> </u>			_
(3) Other					
(A)					
(B)				<u>_</u>	
(C)					_
(D)					_
(E)				_	
(F)					
(G)					_
(H)				=	
(I)					_
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. So	oo Form 990 Part Y line	. 13			_
		13.	(c) Method of valua	tion:	_
(a) Description of investment type	(b) Book value	Co	est or end-of-year mark		
(1) EXPO TOWER PARTNERSHIP (2) INTEREST	2,733,339	COST			_
(3) PINE VILLA PARTNERSHIP	2,733,333	COSI			_
(4) INTEREST	679,809	. COST			_
(5)	075,005	· CODI			_
(6)					_
(7)					_
(8)					
(9)					
(10)					
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	3,413,148	B •			
Part IX Other Assets. See Form 990, Part X, line			· · · · · · · · · · · · · · · · · · ·		_
(a)	Description			(b) Book value	_
(1)					_
(2)	* * *				_
(3)					_
(4) (5)					_
(6)					_
(7)					
(8)					_
(9)					_
(10)	_				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		>		
Part X Other Liabilities. See Form 990, Part X,	line 25				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes			_		
(2) ACCRUED INTEREST		60,889.	4		
(3)	-		-		
(4)			-		
(5)			+		
(6)			4		

(7) (8) (9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fiability for uncertain tax positions under 132053
01-23-12

Schedule D (Form 9

SMITH-BARBIERI PROGRESSIVE FUND

Sche	edule D (Form 990) 2011 A CHARITABLE FOUNDATIO	N		91-191	4985 Page 4
Paı	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Final	ncial Stat		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1	,948,029.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1	,663,202.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		284,827.
4	Net unrealized gains (losses) on investments	•	4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments .		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine li		10		<u> 284,827.</u>
Par	rt XII Reconciliation of Revenue per Audited Financial St	tatements With Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV.)	2d		-	
е	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		┥.	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Reconciliation of Expenses per Audited Financial S		00000 00	5 Doturn	
	<u> </u>	otatements with Exp	enses pe		
1	Total expenses and losses per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a			
a	Donated services and use of facilities	2b		-	
D	Prior year adjustments	2c 2c			
C	Other losses Other (Describe in Part XIV.)	2d		\dashv \mid	
a	Add lines 2a through 2d	<u>Zu</u>			
3	Subtract line 2e from line 1	•		3	
<u>ح</u>	Amounts included on Form 990, Part IX, line 25, but not on line 1				
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV.)	4b		1	
	Add lines 4a and 4b	70		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and ie 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b A				
			_		
			· 		
					

Employer identification number 91-1914985 (h) Purpose of grant COMMUNITY ENRICHMENT or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of cash grant 363,419 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FUND (c) IRC section if applicable SMITH-BARBIERI PROGRESSIVE 91-0941053 | 501(C)(3) A CHARITABLE FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - 618 W. RIVERSIDE, SUITE 302 - SPOKANE, WA 99201 INLAND NORTHWEST COMMUNITY or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part II

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Open to Public

Inspection

OMB No 1545-0047

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Page 2

91-1914985

A CHARITABLE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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Name of the organization SMITH-BARBIERI PROGRESSIVE FUND A CHARITABLE FOUNDATION

Employer identification number 91-1914985

Par	t I Types of Property							
		(a)	(b)	(c)	(d)	.	_	
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			
		applicable		Form 990, Part VIII, line 1g	noneasir contribu	-		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							_
4	Books and publications							
5	Clothing and household goods					-		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property					·		
9	Securities - Publicly traded	X	1	329,250.	FMV AT DATE	OF (JIFT	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							_
14	Qualified conservation contribution - Other							
15	Real estate - Residential						_	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							_
25	Other ()							_
26	Other ()							_
27	Other ()				_			_
28	Other (<u> </u>	<u> </u>	<u> </u>			_
29	Number of Forms 8283 received by the organi			l l				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	<u> </u>			_
					ĺ	Y	es No	<u> </u>
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			_
	the entire holding period?					30a	<u>X</u>	<u>. </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	<u> </u>	<u>. </u>
32a	Does the organization hire or use third parties	or related o	rganizations to soli	icit, process, or sell noncash	l			
	contributions?		•			32a	X	<u>. </u>
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.					<u> </u>		

· SCHEDULE O

(Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SMITH-BARBIERI PROGRESSIVE FUND A CHARITABLE FOUNDATION Employer identification number 91-1914985

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY THE CASH AND SECURITY TRANSACTIONS WILL BE CONTRIBUTED TO
ORGANIZATIONS EXEMPT UNDER IRC SECTIONS 501(C)(3), AS THE TRUSTEES
DETERMINE APPROPRIATE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MISCELLANEOUS PROGRAM EXPENSES
EXPENSES \$ 623. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: IMMEDIATE FAMILY- DOMESTIC PARTNERS
FORM 990, PART VI, SECTION B, LINE 11: THE TRUSTEES MEET ANNUALLY WITH THE
FOUNDATION'S FINANCIAL ADVISOR TO FORECAST THE GIFTING FOR THE UPCOMING
YEAR AND THROUGHOUT THE YEAR MEET WITH THE PROPERTY MANAGERS REGARDING THE
ACTIVITIES WITH THE LOW-INCOME HOUSING PROJECTS. IN CONNECTION WITH THE
FOREGOING, THE DIRECTORS MEET TO REVIEW THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT
ITS OFFICE.

SCHEDULE R (Form 990) Department of the Teasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.	is and Unrelated Partner: "Yes" to Form 990, Part IV, line 33, 3 ➤ See separate instructions.	rtnerships ne 33, 34, 35, 36, actions.	or 37.	<u> </u>	2011 Open to Public Inspection
ızatıon	SMITH-BARBIERI PROGRESSIVE FUND A CHARITABLE FOUNDATION				Employer identification number 91-1914985	cation number 985
Part I Identification of Disregarded Entities (Complete if the organization		answered "Yes" to Form 990, Part IV, line 33)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ganizations (Complete if the organization	n answered "Yes" to Form 990	, Part IV, line 34 be	scause it had one c	r more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?

(a) Nin bac souther omeN	(U)	(5)	(a)	(e)	(1)	(9) Section 512(b)(13)	/ (2(b)(13)
of rolated organization	riillaly activity	Legal dominone (state of	exempt code	Fublic Criarity	Direct controlling	controlled	lled
or related organization		foreign country)	section	status (ir section	entity	entity?	٧,
				501(c)(3))		Yes	No
:							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2011	Form 990) 2011

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SMITH-BARBIERI PROGRESSIVE FUND

A CHARITABLE FOUNDATION Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
PINE VILLA ASSOCIATES - 91-6201099, 818 W, RIVERSIDE, SUITE 300, SPOKANE, WA 99201 E	HOUSING	WA		RELATED		47,721.	679,809.	×	N/A	×	47.418
EXPO TOWER ASSOCIATES - 91-1914985, 818 W, RIVERSIDE, SUITE 300, SPOKANE, WA 99201	HOUSING	WA		RELATED		133,857.	2,733,339.	×	N/A	×	98,758
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	ganizations Taxable a	is a Corpo	oration or Trust (Co	mplete if the org	anization a	inswered "Yes"	to Form 990, Pa	rt IV, line 34	because it had o	ne or moi	e related
(a) Name, address, and EIN of related organization	Z _c		(b) Primary activity		(c) Legal domicile Dir (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income			(h) Percentage ownership
								_			
				_							
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SMITH-BARBIERI PROGRESSIVE FUND A CHARITABLE FOUNDATION

Schedule R (Form 990) 2011

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Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed in	Parts II-1V?			
a Receipt of (i) interest (ii) annuities (iii) rovatties or (iv) rent from a controlled entity				<u>t</u>		×
				ŧ		×
b cart, grant, or capital contribution to related organization(s)				2		:
 Gift, grant, or capital contribution from related organization(s) 				ပ		×
				7		×
d Loans of loan guarantees to of for related organization(s)			•	2	1	:
e Loans or loan guarantees by related organization(s)				1 e		×
(a) And the second seco				*	_	×
1 Sale of assets to related organization(s)				•		:
g Purchase of assets from related organization(s)				- Di		×
h Exchange of assets with related organization(s)				ŧ		X
				÷		×
Lease of facilities, equipment, of outer assets to related organization(s)				-		
i to and of facilities assumed as other accate from related argentesticn(c)				Ŧ		×
	;			•	\dagger	: ;
k Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)		: .	¥		<u>د</u> ا:
Performance of services or membership or fundraising solicitations by related organized.	related organization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
				ţ		×
n Sharing of paid employees with related organization(s)				=		4
						;
 Reimbursement paid to related organization(s) for expenses 			::	9	+	×
p Reimbursement paid by related organization(s) for expenses				4		×
				i 	_	
d Other transfer of cash or property to related organization(s)				ħ		×
				1	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered re	elationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(E)						
(2)						
(8)						
/EI						
(5)						
(9)						
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SMITH-BARBIERI PROGRESSIVE FUND

Schedule R (Form 990) 2011 A CHARITABLE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships end-of-year Share of assets <u>6</u> Share of total Income Predominant income parties sec (related, unrelated, orgs?) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) orgs? (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

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