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Form **990**

 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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

2012
Open to Public Inspection

<u>A F</u>	or the	e 2012 calendar year, or tax year beginning and	d ending	_	
В	Check if ipplicabl	C Name of organization		D Employer identific	cation number
X	Addre chang	PARKVIEW SERVICES			
	Name chang			91-0	828809
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Termur ated	17544 MIDVALE AVE N	LL		542-6610
	Amen		G Gross receipts \$	2,947,194.	
	Application	^a SHORELINE, WA 98133		H(a) Is this a group re	
	pendi	F Name and address of principal officer:MARC COTE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
11	Гах-ех	empt status: X 501(c)(3)	or 527	If "No." attach a	list. (see instructions)
		te: WWW.PARKVIEWSERVICES.ORG		H(c) Group exemptio	
		organization; X Corporation	L Year		A State of legal domicile: WA
	art I	Summary			
4)	1	Briefly describe the organization's mission or most significant activities. RESI	DENTIA	L SUPPORT A	ND TRAINING
Governance		SERVICES FOR ADULTS WITH DEVELOPMENTAL D	ISABIL	ITIES. PROV	IDING LOW
Ē	2	Check this box In the organization discontinued its operations or dispositions.	sed of more	than 25% of its net as	ssets
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
<u>ن</u> ع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
Se	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	56
<u>vi</u>	6	Total number of volunteers (estimate if necessary)		6	230
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	96,074.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		- SEARWED		Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h) RECEWED		958,985.	1,598,471.
ğ	9		ઝું\	997,736.	1,150,360.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d) 7 1 5 2013	9	63,371.	146,976.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 80,9c, 10c, and 11e)	82	25,740.	51,387.
		Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)		2,045,832.	2,947,194.
		Grants and similar amounts paid (Part IX, column (A), lines (13) EN, U		275,764.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u>::-:</u> 2.	0.	0.
ູ່ຫຼ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,024,215.	2,164,966.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ď			511.		
ω	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		818,471.	889,539.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,118,450.	3,054,505.
	19	Revenue less expenses. Subtract line 18 from line 12		-72,618.	-107,311.
ces			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		14,359,726.	14,424,741.
888	21	Total liabilities (Part X, line 26)		13,109,769.	13,282,095.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,249,957.	1,142,646.
Pa	art II	Signature Block	•		
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of greparer (other than officer) is based on all information of w	vhich preparer	has any knowledge.	
		mare Glato		10/3/7	2013
Sig	n	Signature of officer		Date '	
Her		MARC COTE, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1		X PTIN
Paid	1	MARTHA A. LINDLEY, CPA Marsha Tri	dlay (self-employ	ed P00961494
Prep	arer	Firm's name LINDLEY AND COMPANY LLC		Firm's EIN	91-2050235
Use	Only	Firm's address 111 WEST HARRISON STREET			
		SEATTLE, WA 98119		Phone no. 2	06-332-0386
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form 990 (2012)

Form	990 (2012) PARKVIEW SERVICES 91-0828809 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	RESIDENTIAL SUPPORT AND TRAINING SERVICES FOR ADULTS WITH
	DEVELOPMENTAL DISABILITIES. PROVIDING LOW INCOME HOUSING FOR EXTREMELY
	LOW INCOME INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.
2	Did the exercise undertake any configuration and the district and the second section of the section of th
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations 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, 234, 015. including grants of \$) (Revenue \$)
	HOMEOWNERSHIP PROGRAM OFFERS HOME BUYING ASSISTANCE IN KING AND
	SNOHOMISH COUNTIES TO PEOPLE WITH DISABILITIES AND FAMILY MEMBERS WHO
	WILL LIVE WITH THEM. THE ORGANIZATION ALSO WORKS WITH CURRENT
	HOMEOWNERS ANYWHERE IN THE STATE THAT NEED HELP TO AVOID FORECLOSURE.
	1,400 INDIVIDUALS SERVED.
	1,400 INDIVIDUALD OBEVALD.
4b	(Code) (Expenses \$
	THE AFFORDABLE HOUSING PROGRAM BEGAN IN RESPONSE TO THE INCREASING COST
	OF RENTING DECENT, SAFE AND ACCESSIBLE HOUSING FOR PERSONS WITH
	DEVELOPMENTAL DISABILITIES. THE QUALIFIED INDIVIDUALS LIVE IN THE
	HOUSINGS OWNED BY ORGANIZATION AND PAY 30% OF THEIR INCOME TOWARD RENT
	AND UTILITIES. 142 INDIVIDUALS SERVED
4c	(Code) (Expenses \$202,411. including grants of \$) (Revenue \$)
	STATE FUNDED PROGRAM TO ASSIST LOW TO MODERATE INCOME HOUSEHOLDS IN
	WASHINGTON STATE BECOME HOMEOWNERS BY PROVIDING INFORMATION ABOUT
	HOMEOWNERSHIP ASSISTANCE PROGRAMS, PREDATORY LENDING, AVOIDING
	FORECLOSURES, LENDERS, AND REAL ESTATE PROFESSIONALS. STATE PROVIDES
	DOWN PAYMENT ASSISTANCE WHICH IS PASSED THROUGH THE ORGANIZATION. 670
	INDIVIDUALS SERVED
	INDIVIDUALS SERVED
4d	Other program services (Describe in Schedule O)
	407 202
4-	
40	Total program service expenses ▶ 2,707,698.
	Form 990 (2012

00261001 707510 E4150

Form 990 (2012) PARKVIEW SERVICES
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	v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	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			- 23
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	!		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	<u>.</u>	X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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			
	as applicable.			
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	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	 	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	 	X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	 	-21
• •	calumn (A) lines 6 and 11-2 if "Yes " complete Schodule C. 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	├ <u>`</u> `	<u> </u>	 -
	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,"		1	T
·	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
		Carr	aon	(0010)

•	error error error error error (continued)			
			Yes	No
21	Did 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), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		·	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			**
	Schedule J	23	 	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			٠,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	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 filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31	 	^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u>^ </u>
34		34		x
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	<u> </u>	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	255	Ì	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	1	1
36	Mark to the Original December 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	+	 ^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		- <u></u>
~	and the digenmental complete contents of and provide explanations in contents to the first tip into the district	1		1

Form **990** (2012)

Note. All Form 990 filers are required to complete Schedule O

the Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable be Enter the number of Forms W-26 included in line 1 a Enter 0- if not applicable che Che There the number of Forms W-26 included in line 1 a Enter 0- if not applicable che Che There the number of Forms W-26 included in line 1 a Enter 0- if not applicable che C		990 (2012) PARKVIEW SERVICES 91-0828	809	<u> P</u>	age :
a Enter the number reported in Box 3 of Form 1096 Enter-0- if not applicable b Enter the number of Forms W2G included in line 1s Enter-0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the cachedary year ending with or within the year covered by this return lifed for the cachedary year ending with or within the year covered by this return lifed for the cachedary series and ending with or within the year covered by this return lifed for the sum of Ines 1s and 2s a greater than 250, you may be required to e-file (see instructions) b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of Ines 1s and 2s is greater than 250, you may be required to e-file (see instructions) b If wes, "has at filed a Form 990-Tr for this year? If *No." provide an explanation in Schedule O 4 At any time during the calendary year, did the organization has an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank socount, securities account, or other financial account)? b If *Yes," to the first of the foreign country is when a bank socount, securities account, or other financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If a west the enganization and party to a prohibited tax shelter transaction at any time during the tax year? If wes," to line 5a or 5b, did the organization file Form 8886-T? B Obes the organization and year greaters that at was or is a party to a prohibited tax shelter transaction? If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. b If Yes, "do the organization entire and analysis of th	Pa				
b Enter the number of Forms W-2G included in line 1 a Enter -0-fi not applicable		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G included in line 1 a Enter -0-fi not applicable				Yes	No
Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif Yes,* has it filed a Form 990-T for this year? If 1No, *provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial financial account; or the financial account; or the financial financial account; or the financial fina	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
gambing) winnings to prize winner? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the catendar year ending with or within the year covered by this return 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has filled a Form 990-Tf or this year? If "No." provide an explanation in Schedule O 4a 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 leach as a bank account, securities account, or other financial accountry? b If "Yes." has filled a Form to the foreign country ≥ See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Financial Accounts. 5a Was the organization and the organization have an interest in, or a signature or other authority over, a financial accountry to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was receive deductible as charitable contributions? If "Yes," to lid the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization shall may receive deductible contributions under section 170(c). a Did the organization shall may receive deductible contributions under section 170(c). b If "Yes," did	b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0	1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;? b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization any contributions that there not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization selves a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b if "Yes," did the organization include with every solicitation an express statement that such contributions or granization selves a payment in excess of \$75 made party as a contribution of the year payment in excess of \$	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has if filed a Form 980-T for this year? If "No," provide an explanation in Schedule O 4A It 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 year? If "No," provide an explanation in Schedule O 4A It 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 year? 5 If "Yes," enter the name of the foreign country year. 5 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization hay to a prohibited tax sheller transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8886-17? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions. 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization shall receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization notify the donor of the value of the goods or services provided? 11 Did the organizat		(gambling) winnings to prize winners?	1c	X	
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c Enter the amount of reserves on hand	b			1	
		organization is licensed to issue qualified health plans			
	С	Enter the amount of reserves on hand			L
	14a		14a		X

14b Form **990** (2012)

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

91-0828809 Page 6

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				_	X
Sec	tion A. Governing Body and Management				-	
		1	1		Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	5	4		
	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		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?		-	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following:			
а	The governing body?			8a	Х	
	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 rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)			
			•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, 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 boo	dy befo	ore filing the form?	11a	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	officts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	lescribe			
	ın Schedule O how this was done			12c	X	
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 approv	al by II	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	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 arrange	ment v	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	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd finai	ncial	
	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 a	and rec	ords of the organization	ation:	_ _	
	THE ORGANIZATION - 206-542-6601					
	17544 MIDVALE AVE N STE LL, SHORELINE, WA 98133					

232000 12-10-12

E11 EA

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

		orga	ınıza			npei	nsat	ated any current officer, director, or trustee			
(A)		(B) (C)						(D)	(E)	(F)	
Name and Title	Average	(do	(do not check		eck more than one		one	Reportable	Reportable	Estimated	
	hours per	box	, unle cer ar	ss pe	rson i irecto	ıs bot or/trus	han tee)	compensation	compensation	amount of	
	week (list any	-	T	nd a director/trustee)			,	from the	from related organizations	other compensation	
	hours for	d rect				_		organization	(W-2/1099-MISC)	from the	
	related	5	stee			ısate		(W-2/1099-MISC)	(11 27 1000 111100)	organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	ad mic		(** = * * * * * * * * * * * * * * * * *		and related	
	below	g a	tation	a	ğ	esto	퍨			organizations	
	line)	횰	ᄩ	Officer	ě	Highest compensated employee	Former				
(1) MIKE HEMPHILL	1.00								_	_	
PRESIDENT		X		X		<u> </u>	L	0.	0.	0.	
(2) STEVE FOUST	1.00	1						_	_		
VICE PRESIDENT		X		X				0.	0.	0.	
(3) JOHN HUNT	1.00	1								_	
PAST PRESIDENT		X		X		<u> </u>		0.	0.	0.	
(4) DAVID SCHOR	1.00							_			
TREASURER		X	_	X	_			0.	0.	0.	
(5) TODD PIETZSCH	1.00	1									
SECRETARY		X		Х		<u> </u>	_	0.	0.	0.	
(6) PAULA BENSON	1.00	4									
MEMBER		X		<u> </u>	_	<u> </u>		0.	0.	0.	
(7) TOM SWANSON	1.00	_									
MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.	
(8) PHILL ROSS	1.00	┨		ļ							
MEMBER	1.22	X	_	ļ	<u> </u>	<u> </u>		0.	0.	0.	
(9) JOHN HILL	1.00	┨									
MEMBER		X				_		0.	0.	0.	
		┨									
		 	ļ	-		-	•				
		1									
		 	┢	┢				* .			
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Form 990 (2012)

	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	rtion more rson	than is bot or/trus	han	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ted it of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MiSC)	0	mpens from t rganiza and rela ganiza	the ation ated
													
									-				
			<u> </u>										
	-												
	Sub-total		<u></u>				•		0.		•		0.
d	Total from continuation sheets to Part \ Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed at	oove	e) wh	no re	0.	0	•		0.
	compensation from the organization									<u> </u>		Yes	O S No
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on	3		х
	For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual	Ū	4		x
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor ion B. Independent Contractors	-				_		elate	ed organization or indiv	dual for services	5		х
1	Complete this table for your five highest of the organization. Report compensation for										nsatio	n from	
	(A) Name and busines	_		ONI					(B) Description of s		Com	(C) pensat	ion
								-					
		<u>. </u>					_	4					
			-					-					
		<u> </u>		-									
2	Total number of independent contractors \$100,000 of compensation from the organ	-	ot lii	mıte	d to		se lis	sted	above) who received n	nore than			

	990 (rt VII		/IEW SERV	VICES			91-0828	809	Page 9
				to any supotion	in this Bort VIII				
		Check if Schedule O cont	ams a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	from ta	excluded x under ns 512, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues	1a 1b						
e, E		Fundraising events	1c	-					
ar /		Related organizations	1d						
s, G		Government grants (contribut	· -	492,064.					
Sign		All other contributions, gifts, gran							
the st	•	similar amounts not included abo		106,407.					
ŎĘ	а	Noncash contributions included in lines		11,595.					
and	_	Total. Add lines 1a-1f			1,598,471.				
_		1000111100110011011		Business Code					
ġ.	2 a	LOW INCOME HOUS	SING	623990	738,296.	738,296.			
Program Service Revenue	_ b			623000	315,990.	315,990.			
Ser	c			023000	313,330	313/330.			
E S	d								
Pag	-	-							
P.	f	All other program service reve	enue	999999	96,074.		96,074.	<u> </u>	
		Total. Add lines 2a-2f			1,150,360.		20,0120		
	3	Investment income (including	dividends, intere		_,				
		other similar amounts)	•	•	146,976.			146	,976.
	4	Income from investment of ta	x-exempt bond r		, <u>, </u>	-			
	5	Royalties	·	•					
		•	(i) Real	(ii) Personal					
	6 a	Gross rents							
	b								
	С	5			j				
	d	Net rental income or (loss)							
		Gross amount from sales of	(i) Securities	(ii) Other					
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)							
Other Revenue	8 a	Gross income from fundraisin including \$	-						
e e		contributions reported on line							
<u>حر</u>		Part IV, line 18	а	51,387.					
Ě	b	Less: direct expenses	b	0.					
۱	С	Net income or (loss) from fund	draising events	▶	51,387.			51	<u>,387.</u>
	9 a	Gross income from gaming ad	ctivities See						
		Part IV, line 19	а						
		Less: direct expenses	b						
		Net income or (loss) from gan	-	. •					
	10 a	Gross sales of inventory, less	returns						
		and allowances	a						
		Less: cost of goods sold	b						
	<u>c</u>	Net income or (loss) from sale		0			<u> </u>	<u> </u>	
	44 -	Miscellaneous Revenu	•••	Business Code					
	11 a				-				
	C	-		-			· -	·	
	d d	All other revenue					_		
	e	Total. Add lines 11a-11d	•						
	12	Total revenue. See instructions.			2,947,194.	1,054,286.	96,074.	198	,363.
23200 12-10	9 ·12							Form 99	90 (2012)

Form 990 (2012) PARKVIEW SERVICES Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	44.			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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	1,572,814.	1,441,730.	131,084.	
8	Pension plan accruals and contributions (include		<u> </u>		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes	592,152.	483,293.	108,859.	
11	Fees for services (non-employees):	<u> </u>	203,233.	200,000.	·····
'' a	Management				
b	Legal		1		
0	Accounting				
4	Lobbying				
<u> </u>	Professional fundraising services. See Part IV, line 17		1		·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		· · · · · · · · · · · · · · · · · · ·		
9	column (A) amount, list line 11g expenses on Sch O.)	_ 24,038.	6,683.	17,355.	
12	Advertising and promotion	20,596.	0,000.	20,596.	
13	Office expenses	84,593.	33,027.	42,055.	9,511
14	Information technology	13,642.	13,642.		
15	Royalties		20,0120		
16	Occupancy	102,771.	88,884.	13,887.	· · · · · · · · · · · · · · · · · · ·
17	Travel	4,088.	1,591.	2,497.	
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	275,747.	274,784.	963.	
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	AFFORABLE HOUSING COSTS	248,423.	248,423.		
b	GROUP HOME COSTS	52,975.	52,975.		
c	CAMP PROGRAM COSTS	31,920.	31,920.		
d	TRAINING AND TRANSPORTA	30,746.	30,746.		
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,054,505.	2,707,698.	337,296.	9,511
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 if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet	

Par	1.	balance Sneet	-		
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	372,188.	1	514,668.
	2	Savings and temporary cash investments	710,049.	2	880,932.
	3	Pledges and grants receivable, net	212,603.	3	0.
	4	Accounts receivable, net	110,261.	4	193,053.
	5	Loans and other receivables from current and former officers, directors,		'	
		trustees, key employees, and highest compensated employees. Complete			
- 1		Part II of Schedule L		5_	
- 1	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	12,177.	7	14,243.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	45,207.	9	45,867.
	10a				
		basis Complete Part VI of Schedule D 10a 15,012,681.			
	b	Less accumulated depreciation 10b 2,656,787.	12,514,395.	10c	12,355,894.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13_	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	382,846.	15	420,084.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,359,726.	16	14,424,741.
	17	Accounts payable and accrued expenses	133,569.	17	144,094.
	18	Grants payable .	7 705	18	117 024
	19	Deferred revenue	7,795.	19	117,834.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ei		key employees, highest compensated employees, and disqualified persons			
_		Complete Part II of Schedule L	10 000 405	22	12 000 167
	23	Secured mortgages and notes payable to unrelated third parties	12,968,405.	23	13,020,167.
i	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 Part X of			
		Schedule D		05	
	26	Total liabilities. Add lines 17 through 25	13,109,769.	25 26	13,282,095.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	13,103,703.	20	13,202,033.
ا ي		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,249,957.	27	1,142,646.
alar	28	Temporarily restricted net assets	1,215,55.4	28	1,112,0100
8	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ᆫ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا پ	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Ž	33	Total net assets or fund balances	1,249,957.	33	1,142,646.
	34	Total liabilities and net assets/fund balances	14,359,726.	34	14,424,741.
					Form 990 (2012)

orm	n 990 (2012) PARKVIE	EW SERVICES 91-08288	309	Pag	ge 12
Pai	rt XI Reconciliation of Net Ass				
_	Check if Schedule O contains a re	esponse to any question in this Part XI			
1	Total revenue (must equal Part VIII, colu	ımn (A), line 12)	947	<u>, 1</u>	<u>94.</u>
2	Total expenses (must equal Part IX, colu	umn (A), line 25) 2 3 ,	054	<u>, 5</u>	<u>05.</u>
3	Revenue less expenses. Subtract line 2	from line 1	<u>-107</u>	7,3	<u>11.</u>
4	Net assets or fund balances at beginning	ng of year (must equal Part X, line 33, column (A))	249	9,9	<u>57.</u>
5	Net unrealized gains (losses) on investm	nents 5			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund ball	lances (explain in Schedule O)			0.
10	Net assets or fund balances at end of ye	ear. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	. 10 1,	142	2,6	46.
Par	rt XII Financial Statements and	d Reporting			
	Check if Schedule O contains a re	esponse to any question in this Part XII			
				Yes	No
1	Accounting method used to prepare the	e Form 990. Cash X Accrual Other			ĺ
	If the organization changed its method of	of accounting from a prior year or checked "Other," explain in Schedule O			ĺ
2a	Were the organization's financial statem	nents compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate v	whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or b	ooth:			
	Separate basis Consoli	idated basis	ĺ		
b	Were the organization's financial statem	nents audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate v	whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:				
	X Separate basis Consoli	idated basis			
С	If "Yes" to line 2a or 2b, does the organi	ization have a committee that assumes responsibility for oversight of the audit,	1		
	review, or compilation of its financial sta	atements and selection of an independent accountant?	2c	X	
	If the organization changed either its ov	rersight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the c	organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	_	3a	Х	
b	If "Yes," did the organization undergo th	ne required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O an	d describe any stens taken to undergo such audits	3h	x	1

232012 12-10-12

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service 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.

OMB No 1545-0047

ZUIZOpen to Public

Inspection

Name of the organization

Employer identification number

				W SERVICES	_					9	1-0828	809	
Pá	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions.				
Γhe	orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	\sqsubseteq	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	\sqsubseteq	A hospital or	a cooperative hosp	rtal service organization (described	ın section	170(b)(1)	(A)(iii).					
4		A medical re	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ne,
	_	city, and stat											
5	Ш	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	_		(b)(1)(A)(iv). (Compl	•									
6		A federal, sta	ate, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(1)(A)(v).					
7	X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed	ın
	_		(b)(1)(A)(vi). (Comple										
8	\vdash			section 170(b)(1)(A)(vi).									
9		An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross re	ceipts	from
				nctions - subject to certa							_		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 197	75
			509(a)(2). (Complete										
10	H	-	-	perated exclusively to te	-	-			•				
11	ш	_	•	perated exclusively for the		- •				•			or
				ations described in section				2). See se d	ction 509(a)(3). Ch	eck the box	that	
		a Type	· · · · · · · · · · · · · · · · · · ·	organization and comple		•				- III - A I-	£A 1		
				•	ype III - Fu	-	_		• • •		n-functional	•	•
е		-		at the organization is not than one or more publicly		-	-	-		•	-		(1)
f			-	tten determination from t		_				3(a)(1) OI	Section 50s)(a)(2)	
'		_	rganization, check t		ine ino tri	анныату	pe i, Type	ii, oi Type	# III				
_	1		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing ner	eone2			L
g	,	_		firectly controls, either at			•				į	Yes	No
			· · · · · · · · · · · · · · · · · · ·	upported organization?	0.10 0. tog	011101 111111	po.00.10 C		() ۵۵ (, 50.011	11g(i)	1.03	110
		_		n described in (i) above?		•	•				11g(ii)	 	
			•	person described in (i) o		97	•	•	•	•	11g(iii)		
h	l			about the supported or							. <u>[g()</u>		
			J	•••	•								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amoun	t of mo	netary
(-,		rganization (described on lines 1-9 in		in col. (i) listed in your organization in col. organiz			(i) organization	ation in col. (
				above or IRC section	governing	document?	(i) of you	r support?	`` °U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
								1					
					1					<u> </u>			
		-			1	ļ			<u> </u>	<u> </u>	-		
											İ		
			-					 		<u> </u>			
	•							_				-	
Γota	al			<u> </u>		<u> </u>	l			<u> </u>	l		

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

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.)

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	122,168.	1,537,906.	893,771.	461,095.	452,497.	3,467,437.
2	Tax revenues levied for the organ-						, ,
	ızatıon'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	122,168.	1,537,906,	893,771.	461,095.	452,497.	3,467,437.
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						3 467 437
	ction B. Total Support						3,407,437.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	122,168.	1,537,906,	893,771.	461,095.	452,497.	3,467,437,
	Gross income from interest,			000,			3,207,237,
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	49,859.	59 546	150,938.	63,371.	107,495.	431,209.
a	Net income from unrelated business	13,0331		230,3301	03/3/11	101,1133.	131/2030
Ŭ	activities, whether or not the						
	business is regularly carned on			i I			
10	Other income Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part IV)		8,631.				8,631.
11	Total support. Add lines 7 through 10		0,051.				
	Gross receipts from related activities,	etc. (see instructu	ne)	<u></u>		12 5	3,907,277. ,866,221.
	First five years. If the Form 990 is for			d fourth or fifth to			,000,221.
13	organization, check this box and stor		mst, second, um	u, iouitii, oi iiitii te	ix year as a section	11 30 1(0)(3)	\sim
Sec	ction C. Computation of Publ	ic Support Per	rcentage			<u> </u>	
	Public support percentage for 2012 (I			olumn (fi)		14	88.74 %
	Public support percentage from 2011		•	olanin (i))		15	88.83 %
	33 1/3% support test - 2012. If the o			 a line 13 and line :	 14 is 33 1/3% or n	· · · · · · · · · · · · · · · · · · ·	
100	stop here. The organization qualifies	-			14 13 55 17670 51 11	iore, oricon triis be	→ X
ь	33 1/3% support test - 2011. If the o		J	•	 Imp 15 is 33 1/3%	or more check th	
_	and stop here. The organization qual	-		·	1110 10 13 00 17070	or more, ericen a	▶ □
172	10% -facts-and-circumstances tes	•	• • •	• •		and line 17 is 1096	or more
., a	and if the organization meets the "fac	~					·
	meets the "facts-and-circumstances"					it is now the organ	IIZALION
_	10% -facts-and-circumstances tes	=	-		•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ				=		,
10	Private foundation. If the organization		_	•		•	
	1 11 Vate 10 undation. Il the organizatio	a did not officer a	30X OII IIII 13, 10	a, 100, 17a, 01 1/L		dule A (Form 990	

232022 12-04-12

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	ow, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	_ (2) 2000		(0) 20 .0	10,2011	(6)20.2	(i) Fotal
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-					
4 Tax revenues levied for the organ- 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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		:				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 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) 14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	l rd, fourth, or fifth ta	ax year as a secti	l on 501(c)(3) organız	ation,
check this box and stop here Section C. Computation of Public	Support Do	rcentage	<u> </u>	··		▶∟
15 Public support percentage for 2012 (lin			column (6)		145	
16 Public support percentage for 2012 (in 16 Public support percentage from 2011 S		•	Joiumn (1))		15	<u>%</u>
Section D. Computation of Invest			<u></u>		16	%
					147	
17 Investment income percentage for 201.18 Investment income percentage from 20	•	•			17	<u>%</u>
		•		 . 15 in Ab	18	<u>%</u>
19a 33 1/3% support tests - 2012. If the o						r is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2011. If the o	rganizatıon dıd ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec					_	▶ <u> </u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	structions .	

232023 12-04-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047 **Open to Public** Inspection

Employer identification number

Name of the organization

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	nds or A	CCounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.		·
		(a) Donor advised funds	(t) 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 ac	tvised fund	
•	are the organization's property, subject to the organization's		21.000 10.10	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	he used o	•
Ü	for charitable purposes and not for the benefit of the donor of	5 5		•
	impermissible private benefit?	or donor advisor, or for any other purpo	ose comen	Yes No
Pa		nanization answered "Yes" to Form 990	n Part IV I	
1	Purpose(s) of conservation easements held by the organization		o, 1 a. 11, 1	
•	Preservation of land for public use (e.g., recreation or e		historically	y important land area
	Protection of natural habitat	Preservation of a c		
	Preservation of open space	i reservation of a c	Jertineu riis	stone structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	rm of a co	near/ation assement on the last
-	day of the tax year.	ned conservation contribution in the to	1111 OI & COI	inservation casement on the last
	day of the tax year.		ſ	Held at the End of the Tax Year
а	Total number of conservation easements		t	2a
b	Total acreage restricted by conservation easements		ŀ	2b
C	Number of conservation easements on a certified historic str	aucture included in (a)	1	2c
d	Number of conservation easements included in (c) acquired	, ,	ucture	20
u	listed in the National Register	arter of 17700, and not on a historic stre	ucture	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by	the organi	
3	year >	leased, extinguished, or terminated by	ine organi	zation during the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per		of	
•	violations, and enforcement of the conservation easements i	<u> </u>	O1	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		s dunna th	
7	Amount of expenses incurred in monitoring, inspecting, and		_	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expe	nse staten	
•	include, if applicable, the text of the footnote to the organiza			
	conservation easements.			3
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue sta	atement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furth	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		nent and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	• •		
	relating to these items:	•	•	,,
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finar	ncial gain i	
-	the following amounts required to be reported under SFAS 1	·	6	
а	Revenues included in Form 990, Part VIII, line 1	the state of the s		> \$
b	Assets included in Form 990, Part X		• •	\$
-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		W SERVICES						<u>91-0</u>	<u>828809</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, c	r Othe	r Simil	ar Ass	sets(continue	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, checl	k any of the	following that	t are a si	gnificant	use of r	ts collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations				-					
4	Provide a description of the organization's co	ollections and explain	how th	ney further th	ne organizatio	on's exer	npt purpo	ose in P	art XIII.	
5	Dunng the year, did the organization solicit o	r receive donations o	f art, hi	storical trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered "	Yes" to I	Form 990	, Part I	V, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermedi	ary for	contribution	s or other as	sets not	ıncluded	-		
	on Form 990, Part X?							. [Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	table:						
			_						Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII				
Par	t V Endowment Funds. Complete r	f the organization ans	wered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	years bad	ck (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held a	nd administe	red for th	ne organi	zation	_	
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds			· · · · · · · · · · · · · · · · · · ·			
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990,	Part X	, line 10.						
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ad	cumulate	ed	(d) Book	value
		basis (ınvestm	ent)		(other)	der	preciation	1		
1a	Land				5,232.					<u>,232.</u>
b	Buildings .			14,26	0,267.	2,4	<u>106,5</u>	46.	11,853	<u>,721.</u>
c	Leasehold improvements									
d	Equipment									
е	Other			60	7,182.		250,2	41.		,941.
	Add lines 1a through 1a (Column (d) must a	avel Form 000 Port	V 00/11	nn (D) /mn 1	10(0)				12 355	201

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 PARKVIEW SERVICES	a a mara Milata Davi	91-	0828809 Page 4
Pal	t XI Reconciliation of Revenue per Audited Financial Staten	nents with Hev	enue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	2,947,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,947,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	10	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5	2,947,194.
_	rt XII Reconciliation of Expenses per Audited Financial State	ments With Ex		
1	Total expenses and losses per audited financial statements	THOMES VIIII EX		3,054,505.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	1	3,034,303.
	Donated services and use of facilities	1 0-1		
a		2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
	Other (Describe in Part XIII)	2d		•
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,054,505.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	•	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	3,054,505.
Par	t XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			2b; Part V, line 4; Part
		. <u>.</u>		

Schedule D (Form 990) 2012

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

PARKVIEW SERVICES

Part I General Information on Grants and Assistance

criteria used to award the grants or assistance?

OMB No 1545-0047

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

% Employer identification number 91-0828809 Open to Public Inspection X Yes 1 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 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, ► Attach to Form 990.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.	1	000 mm a L	100.00
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Governments an \$5,000 Part II car	o Organizations in the beduplicated if additi	e Onited States. O Ional space is need	bek Jed	ailicauoil ailsweieu	res to rotti 990, ratti	V, III 9 Z I, 101 aliy
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in that table	ie line 1 table				A A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012

91-0828809

Page 2

(Form 990) (2012) PARKVIEW SERVICES

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 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STATE FUNDED PROGRAM TO PROVIDE DOWN PAYMENT ASSISTANCE TO QUALIFIED LOW AND MODERATE INCOME APPLICANTS	2	206,113,	0	CASH RECEIVED	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation
SCHEDULE I, PART I, LINE 2: STATE GRANT	1	NDING IS I	FUNDING IS INCLUDED IN AUDITING	AUDITING	
PROCEDURES AND AUDITED AND REPORTED ON		ER 2007 GO	UNDER 2007 GOVERNMENTAL		
ACCOUNTIBILITY OFFICE YELLOW BOOK (GOVENMENTAL AUDITING STANDARDS).	(GOVENME)	NTAL AUDIT	ING STANDA	RDS).	
ORGANIZATION IS SUBJECT TO REPORTING UNDER OMB CIRCULAR A-133.	ING UNDER	OMB CIRCU	LAR A-133.		

Schedule I (Form 990) (2012)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2012 Open to Public Inspection

Attach to Form 990 or 990-EZ.

Name of the organization

PARKVIEW SERVICES

Employer identification number 91-0828809

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCOME HOUSING FOR EXTREMELY LOW INCOME INDIVIDUALS WITH DEVELOPMENTAL
DISABILITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GROUP HOME PROGRAM WAS ORIGINALLY ESTABLISHED TO PROVIDE RESIDENTIAL
SUPPORT SERVICES TO CHILDREN WITH DEVELOPMENTAL DISABILITIES, HOWEVER,
THE ORGANIZATION HAS SHIFTED ITS SERVICE POPULATION TO ADULTS IN ORDER
TO CONTINUE SERVING THE CHILDREN WHO WERE REACHING THEIR ADULT AGE AT
THE ORGANIZATION. CURRENTLY, SIX YOUNG ADULTS LIVE AT THE GROUP HOME AS
CLIENTS. CAMP PARKVIEW PROVIDES AN ANNUAL SUMMER CAMP TRIP TO VASHON
ISLAND TO INCREASE LEVEL OF SOCIAL NETWORK.
HOME MAINTENANCE PROGRAM PROVIDES LOW COST BASIC REPAIR AND MAINTENANCE
SERVICES TO THE AFFORDABLE HOUSING AND HOMEOWNERSHIP PROGRAMS.
EXPENSES \$ 497,283. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD DOES NOT HAVE SEPARATE
COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: DOCUMENTED IN MINUTES
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS

DETERMINED BY UTILIZING COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS

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

232211 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization PARKVIEW SERVICES	Employer identification number 91-0828809
IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIO	NS. THE SALARY
RECOMMENDATION IS REVIEWED AND APPROVED BY THE EXECUTIVE	BOARD, WITH NO
MEMBERS WHO HAVE A CONFLICT OF INTEREST BEING INVOLVED IN	THE PROCESS.
SUBSTANTIATION OF THE DELIBERATION AND DECISION ARE RECOR	NDED AT THAT TIME.
FORM 990, PART VI, SECTION C, LINE 19: 990 RETURN IS AVAI	LABLE UPON
REQUEST	
	
	.

,	· · · · · · · · · · · · · · · · · · ·					D
	68 (Rev 1-2013)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex				-	
	nly complete Part II if you have already been granted an a		·	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple			17		1 N
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ai (no c	opies need	1ed).
			Enter filer's	identıfyir	<u>ıg number, s</u>	ee instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	dentification	n number (EIN) or
print						
File by the	PARKVIEW SERVICES				91-082	28809
due date for	Number, street, and room or suite no. If a P O box, s	ee instruc	tions.	Social se	curity numbe	r (SSN)
filing your return See	17544 MIDVALE AVE N, NO. LL					
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	SHORELINE, WA 98133					
						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
			,	•	•	
Applicat	ion	Return	Application			Return
is For		Code	Is For			Code
	0 or Form 990-EZ	01	10 (0)			
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted	,	A	الم درات والم	d Farm 000	<u> </u>
STUP: D	THE ORGANIZATIO		natic 3-month extension on a prev	iousiy iile	u ruiii 660c	<u>. </u>
• T L			CMP II CUODEITN	דע דעד	00122	
	ooks are in the care of $ ightharpoonup 17544 \ \ MIDVALE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	AVE N	FAX No D	E, WA	. 30133	
•			· —————	••		
	organization does not have an office or place of business			£ 41		
	is for a Group Return, enter the organization's four digit	-	· · · · · · · · · · · · · · · · · · ·			
box 🕨	If it is for part of the group, check this box			all memb	ers the exter	ision is for.
	equest an additional 3-month extension of time until	NOVEM.				
	r calendar year 2012 , or other tax year beginning $_$, and endin			
6 Ift	the tax year entered in line 5 is for less than 12 months, c	check reas	on. Initial return	Fınal ı	eturn	
L	Change in accounting period					
	ate in detail why you need the extension					
<u>A</u>	DDITIONAL TIME IS NEEDED TO	GATHE:	R NECESSARY INFORM	ATION	•	
_						

8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
<u>no</u>	nrefundable credits. See instructions			8a	\$	0.
b If t	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax	k payments made Include any prior year overpayment al	lowed as a	a credit and any amount paid	<u> </u>]	
pı	reviously with Form 8868.			8b	\$	<u> </u>
с Ва	lance due. Subtract line 8b from line 8a Include your pa	ayment wit	th this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See instr	uctions.		8c	\$	0.
			st be completed for Part II	only.		
Under per	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this fo	ting accomporm.	panying schedules and statements, and t	o the best o	of my knowledg	ge and belief,
Signature	Title 🕨	EXECU	TIVE DIRECTOR	Date	•	
<u>Ungriaturo</u>	THIS P.					969 (Rev. 1-2013)

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