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2013

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Inspection

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable	C Name of organization FRANKE TOBEY JONES		D Employer identification number 91-0575957
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 5340 N BRISTOL		Room/suite
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98407		
<input type="checkbox"/> Application pending			G Gross receipts \$ 16,696,319
F Name and address of principal officer MARK GUSTAFSON 5430 N BRISTOL TACOMA, WA 98407		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.FRANKETOBeyJONES.COM	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1924	M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF FRANKE TOBEY JONES IS TO ENRICH AND EXTEND THE QUALITY OF LIFE FOR SENIORS IN OUR COMMUNITY AS A NON-PROFIT ORGANIZATION WE PROVIDE SENIOR RESIDENTIAL SERVICES, A SUPPORTIVE CONTINUUM OF CARE, AND INNOVATIVE COMMUNITY OUTREACH (SEE LISTING OF FTJ'S CORE VALUES ON SCHEDULE O, PAGES 3 AND 4)

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	236
6 Total number of volunteers (estimate if necessary)	6	570
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	222,366	270,509
9 Program service revenue (Part VIII, line 2g)	10,548,584	10,319,396
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,382,718	1,252,276
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,982	-18,887
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,138,686	11,823,294

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	284,068	236,677
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,456,658	5,603,127
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 218,251		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,490,439	5,500,495
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,231,165	11,340,299
19 Revenue less expenses Subtract line 18 from line 12	907,521	482,995

Beginning of Current Year		End of Year
20 Total assets (Part X, line 16)	42,316,820	45,579,575
21 Total liabilities (Part X, line 26)	15,562,436	15,690,254
22 Net assets or fund balances Subtract line 21 from line 20	26,754,384	29,889,321

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2014-08-13 Date
	JUDY DUNN VP FINANCE & SUPPORT SERVICES Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHRISTY ENGELMANN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00745224
	Firm's name ► MCGLADREY LLP	Firm's EIN ► 42-0714325			
	Firm's address ► 1145 BROADWAY PLAZA SUITE 900 TACOMA, WA 98402	Phone no (253) 572-7111			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

THE MISSION OF FRANKE TOBEY JONES IS TO ENRICH AND EXTEND THE QUALITY OF LIFE FOR SENIORS IN OUR COMMUNITY AS A NON-PROFIT ORGANIZATION WE PROVIDE SENIOR RESIDENTIAL SERVICES, A SUPPORTIVE CONTINUUM OF CARE, AND INNOVATIVE COMMUNITY OUTREACH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 8,848,805 including grants of \$ 14,180) (Revenue \$ 10,181,171)

IN EXISTENCE FOR OVER 89 YEARS, FRANKE TOBEY JONES OFFERS A FULL SPECTRUM OF QUALITY HOUSING, SERVICES AND PROGRAMS, INCLUDING SKILLED NURSING CARE AS A CONTINUING CARE RETIREMENT COMMUNITY (CCRC). FTJ SERVES AS MANY AS 230 SENIORS AND EMPLOYS A STAFF OF APPROXIMATELY 165 SITUATED ON TWENTY ACRES OF BEAUTIFULLY LANDSCAPED GROUNDS, FTJ OFFERS A COMPLETE RANGE OF LIVING ACCOMMODATIONS FOR SENIORS WITH VARYING NEEDS SUCH AS DUPLEX OR APARTMENT LIVING TYPE UNITS FOR INDEPENDENT RETIREES, ASSISTED LIVING AND MEMORY SUPPORT FOR THOSE WHO NEED EXTRA CARE AND SERVICES IN THEIR APARTMENTS, AND RESIDENTS REQUIRING SKILLED NURSING ARE PROVIDED 24-HOUR CARE BY A STAFF OF MEDICAL PROFESSIONALS. FTJ ALSO OFFERS AN ARRAY OF COMMUNITY PROGRAMS, ARTS AND CULTURAL EVENTS, AS WELL AS NUMEROUS EDUCATIONAL AND SOCIAL ACTIVITIES

4b (Code) (Expenses \$ 222,497 including grants of \$ 222,497) (Revenue \$ 0)

FRANKE TOBEY JONES IS COMMITTED TO MAINTAINING AS RESIDENTS THOSE WHO HAVE BEEN ADMITTED TO FTJ BUT WHO SUBSEQUENTLY BECOME UNABLE TO PAY WITH THAT GOAL IN MIND, THE CHARITABLE SUBSIDY PROGRAM WAS INSTITUTED TO PROVIDE FOR THE HOUSING AND CARE OF THOSE RESIDENTS WHO BECOME UNABLE TO MEET ALL OF THEIR FINANCIAL OBLIGATIONS TO FTJ FOR THEIR RESIDENCY AND CARE. THE PROGRAM ENABLES THESE RESIDENTS THE ABILITY TO STAY IN THEIR HOMES AND CONTINUE TO ENJOY THE QUALITY OF LIFE THEY HAVE COME TO KNOW. IN THE LAST TEN YEARS ALONE, FTJ HAS PROVIDED MORE THAN \$2.9 MILLION FOR SUBSIDY RECIPIENTS. THE NUMBER OF THOSE ON THE PROGRAM HAS VARIED WITH AS MANY AS FOURTEEN RESIDENTS IN A GIVEN YEAR

4c (Code) (Expenses \$ 92,866 including grants of \$ 0) (Revenue \$ 38,743)

THE SENIOR WELLNESS PROGRAM ASSISTS SENIORS 55 AND OLDER IN KEEPING HEALTHY AND ACTIVE. THE PROGRAM OFFERS A HOLISTIC, PREVENTATIVE WELLNESS PROGRAM THAT IMPROVES QUALITY OF LIFE TO APPROXIMATELY 430 INDIVIDUALS, BOTH RESIDENTS AND THE COMMUNITY. THE WELLNESS CENTER AT FTJ HOUSES A FULLY EQUIPPED WORKOUT ROOM WITH CERTIFIED INSTRUCTORS AND A PERSONAL TRAINER. THE CENTER ALSO HOSTS THE ANNUAL SENIOR WELLNESS WALK & HEALTH FAIR. NOT ONLY FOR RESIDENTS, STAFF AND THE COMMUNITY, LOCAL VENDORS ARE ALSO INVITED TO PARTICIPATE, OFFERING PRODUCTS AND SERVICES TO PROMOTE THE HEALTH & WELL-BEING OF THOSE PARTICIPATING

(Code) (Expenses \$ 99,685 including grants of \$ 0) (Revenue \$ 69,280)

POINT DEFIANCE-RUSTON SENIOR CENTER HAS BEEN OPERATED BY FTJ SINCE 1998. THE MISSION OF THE CENTER IS TO DELIVER QUALITY SERVICES THAT PROMOTE GROWTH AND INDEPENDENCE AMONG THE SENIOR COMMUNITY. SERVING OVER 2,400 SENIORS, THE CENTER PROVIDES EDUCATIONAL AND WELLNESS PROGRAMS, SUCH AS SPANISH CLASSES, DANCE LESSONS, YOGA AND INFORMATIONAL SPEAKERS, ALONG WITH A MEAL SITE PROGRAM MONDAY THROUGH FRIDAY. APPROXIMATELY 7,600 MEALS WERE SERVED TO LOCAL SENIORS, MANY OF WHOM ARE ON A FIXED INCOME

(Code) (Expenses \$ 37,551 including grants of \$ 0) (Revenue \$ 30,202)

SENIOR UNIVERSITY, THE ONLY PROGRAM OF ITS KIND IN PIERCE COUNTY, OFFERS A WIDE SPECTRUM OF EDUCATIONAL, CULTURAL, SOCIAL AND WELLNESS PROGRAMMING WITH A FOCUS ON SENIOR INTEREST TOPICS. CLASSES, HELD ON CAMPUS, ARE OFFERED IN PARTNERSHIP WITH LOCAL COLLEGES AND UNIVERSITIES, MUSEUMS AND CULTURAL ORGANIZATIONS AND LOCAL BUSINESSES, SERVING APPROXIMATELY 625 RESIDENTS AND COMMUNITY SENIORS ALIKE. MOST COURSES ARE FREE OF CHARGE AND OFFERED AS A PUBLIC SERVICE

4d Other program services (Describe in Schedule O)

(Expenses \$ 137,236 including grants of \$) (Revenue \$ 99,482)

4e Total program service expenses ► 9,301,404

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

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

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 Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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	Yes	
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	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	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	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	58	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
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 . . .	2a	236	
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) . . .	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	No	
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 (such as a bank account, securities account, or other financial account)? . . .	4a	No	
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? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c	No	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b	No	
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
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? . . .	8		
9 Sponsoring organizations maintaining donor advised funds.	9a		
a Did the organization make any taxable distributions under section 4966? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
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? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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 . . .	13b		
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 . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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	1a	14		
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	11		
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		No	
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		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		No	
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		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

Section 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		No
b 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	Yes	
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	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13		No
14 Did the organization have a written document retention and destruction policy?	14	Yes	
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?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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		No
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		

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
 JUDY DUNN 5340 NORTH BRISTOL
TACOMA, WA 98407 (253) 752-6621

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated	Former			
(1) SUSAN BRABHAM DIRECTOR	1 00	X						0	0	0
(2) ORVIS HARRELSON DIRECTOR	1 00	X						0	0	0
(3) ERNIE KARLSTROM RESIDENT & DIRECTOR	1 00	X						0	0	0
(4) TERRY MILLER DIRECTOR	1 00	X						0	0	0
(5) JIM WALTON DIRECTOR	1 00	X						0	0	0
(6) BZ ZENCZAK DIRECTOR	1 00	X						0	0	0
(7) ROBERT PENTIMONTI DIRECTOR	1 00	X						0	0	0
(8) ROBERT GREEN DIRECTOR	1 00	X						0	0	0
(9) DENIS EIBE DIRECTOR	1 00	X						0	0	0
(10) MARTIN NEEB RESIDENT & DIRECTOR	1 00	X						0	0	0
(11) BETH GALLIHER-PONCE CHAIR	1 00			X				0	0	0
(12) MARK PATTERSON SECRETARY	1 00			X				0	0	0
(13) DARREN MCCALLON TREASURER	1 00			X				0	0	0
(14) JOANNA MONROE VICE CHAIR	1 00			X				0	0	0
(15) JUDITH DUNN VP FINANCE & INTERIM CEO	40 00			X				169,374	0	7,922
(16) MARK GUSTAFSON PRESIDENT/CEO - EFFECTIVE APRIL 2013	40 00			X				104,304	0	2,195
(17) SARAH IDSTROM DIRECTOR OF DEVELOPMENT	40 00				X			103,605	0	22,925

Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOM NIMICK, 3724 N BALTIMORE ST TACOMA WA 98407	CONSTRUCTION	327,636
JAMES M FINN, 7318 N SKYVIEW LANE M-301 TACOMA WA 98406	CONTRACTOR	216,241
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: 2		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	74,714			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	195,795			
	g Noncash contributions included in lines 1a-1f \$		69,747			
	h Total. Add lines 1a-1f		270,509			
Program Service Revenue	Business Code					
	2a RESIDENTIAL FEES	623000		9,351,083	9,351,083	
	b ASSISTED LIVING CHARGES	623000		653,567	653,567	
	c OTHER SERVICE REVENUE	623000		219,640	219,640	
	d OTHER RESIDENT FEES	623000		95,106	95,106	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			10,319,396		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		774,688		774,688	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	5,299,080	1,500				
c Gain or (loss)	4,822,992	0				
d Net gain or (loss)	476,088	1,500	477,588		477,588	
8a Gross income from fundraising events (not including \$ <u>74,714</u> of contributions reported on line 1c) See Part IV, line 18	a	31,146				
b Less direct expenses	b	50,033				
c Net income or (loss) from fundraising events			-18,887		-18,887	
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		11,823,294	10,319,396	0	1,233,389	

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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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	236,677	236,677		
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	283,796	73,787	204,333	5,676
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	4,317,265	3,862,011	337,946	117,308
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,405	19,000	6,332	3,073
9 Other employee benefits	525,675	474,412	24,367	26,896
10 Payroll taxes	447,986	398,910	39,410	9,666
11 Fees for services (non-employees)				
a Management				
b Legal	3,209		3,209	
c Accounting	42,000		42,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	77,853		77,853	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,514,720	1,397,798	115,190	1,732
12 Advertising and promotion	85,076	85,076		
13 Office expenses	166,676	56,838	97,935	11,903
14 Information technology	63,732	11,137	52,595	
15 Royalties				
16 Occupancy	1,108,733	769,968	334,495	4,270
17 Travel	24,821	24,548	273	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	297,923		297,923	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,586,036	1,395,711	158,604	31,721
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 O)				
a SUPPLIES	338,405	338,405		
b MISCELLANEOUS	93,180	82,872	6,205	4,103
c B&O TAXES & LICENSES	52,982	51,789	1,193	
d EMPLOYEE EDUCATION/RECO	45,149	22,465	20,781	1,903
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,340,299	9,301,404	1,820,644	218,251
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	308,299	1 565,780
	2 Savings and temporary cash investments	1,235,428	2 1,158,438
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	252,000	4 171,290
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	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 instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	696,902	9 670,118
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	36,154,173
	b Less accumulated depreciation	10b	20,056,776
		16,064,512	10c 16,097,397
	11 Investments—publicly traded securities	19,606,854	11 22,473,855
	12 Investments—other securities See Part IV, line 11	2,242,297	12 2,839,857
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	1,910,528	15 1,602,840
	16 Total assets. Add lines 1 through 15 (must equal line 34)	42,316,820	16 45,579,575
Liabilities	17 Accounts payable and accrued expenses	1,251,652	17 1,117,405
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	13,035,000	20 13,035,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	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	1,275,784	25 1,537,849
	26 Total liabilities. Add lines 17 through 25	15,562,436	26 15,690,254
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	24,329,980	27 27,310,841
	28 Temporarily restricted net assets	288,575	28 311,834
	29 Permanently restricted net assets	2,135,829	29 2,266,646
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	26,754,384	33 29,889,321
	34 Total liabilities and net assets/fund balances	42,316,820	34 45,579,575

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,823,294
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,340,299
3	Revenue less expenses Subtract line 2 from line 1	3	482,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,754,384
5	Net unrealized gains (losses) on investments	5	2,651,942
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,889,321

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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 Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)**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.

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization**
FRANKE TOBEY JONES**Employer identification number**

91-0575957

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
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 ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	142,208	606,877	279,836	222,366	270,509	1,521,796
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	9,639,894	10,124,677	10,267,367	10,548,584	10,319,396	50,899,918
3 Gross receipts from activities that are not an unrelated trade or business under section 513	20,000	23,157	4,500	24,911	31,146	103,714
4 Tax revenues levied for the organization'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	9,802,102	10,754,711	10,551,703	10,795,861	10,621,051	52,525,428
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	145,005	147,492	220,397	320,475	281,113	1,114,482
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	76,228	151,006	643,858	149,880	443,873	1,464,845
c Add lines 7a and 7b	221,233	298,498	864,255	470,355	724,986	2,579,327
8 Public support (Subtract line 7c from line 6)						49,946,101

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	9,802,102	10,754,711	10,551,703	10,795,861	10,621,051	52,525,428
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	429,260	509,393	556,216	661,515	774,688	2,931,072
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	429,260	509,393	556,216	661,515	774,688	2,931,072
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)						
13 Total support. (Add lines 9, 10c, 11, and 12)	10,231,362	11,264,104	11,107,919	11,457,376	11,395,739	55,456,500

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	90 060 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	90 480 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	5 290 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5 010 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

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

Return Reference

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2013

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service**Name of the organization**
FRANKE TOBEY JONES**Employer identification number**

91-0575957

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,297,553	3,727,893	3,535,465	3,093,262	2,634,754
b Contributions	75,000	75,000	75,500	148,250	
c Net investment earnings, gains, and losses	544,677	494,660	116,928	293,953	458,508
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,917,230	4,297,553	3,727,893	3,535,465	3,093,262

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 84 000 %

b Permanent endowment ► 16 000 %

c Temporarily restricted endowment ►

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		913,402			913,402
b Buildings		24,373,832	12,512,046		11,861,786
c Leasehold improvements					
d Equipment		7,808,653	5,617,601		2,191,052
e Other		3,058,286	1,927,129		1,131,157
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					16,097,397

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL SHARES	2,839,857	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,839,857	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
Federal income taxes	
WAITING LIST DEPOSITS	60,250
REFUNDABLE ENTRANCE FEES	1,477,599
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,537,849

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,132,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,651,942
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,651,942
3	Subtract line 2e from line 1	3	11,481,002
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	342,292
c	Add lines 4a and 4b	4c	342,292
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,823,294

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,998,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,998,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	342,292
c	Add lines 4a and 4b	4c	342,292
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,340,299

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS SINCE FTJ IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE, SECTION 501(C)(3) ADDITIONALLY, FTJ HAS DONE AN ASSESSMENT OF ANY UNCERTAIN TAX POSITIONS AND HAS DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS TO RECORD AS A LIABILITY AT DECEMBER 31, 2013 AND 2012 FORM 990, FILED BY FTJ, IS SUBJECT TO EXAMINATIONS BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. GENERALLY, FTJ IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE AND LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON FINANCIALS 77,853 ADJUSTMENT FOR SPECIAL EVENT REVENUE, EXPENSES & NON-CASH CONTRIBUTIONS 23,077 PROGRAM SERVICE REVENUE NETTED WITH EXPENSES ON FINANCIALS 241,362
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON FINANCIALS 77,853 ADJUSTMENT FOR SPECIAL EVENT REVENUE, EXPENSES & NON-CASH CONTRIBUTIONS 23,077 PROGRAM SERVICE REVENUE NETTED WITH EXPENSES ON FINANCIALS 241,362

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Organization entered more than \$15,000 on Form 990-EZ, Inc. 501(c)(3) or 501(c)(4) organizations.

Organization entered more than \$15,000 on Form 990-EZ, Inc. 501(c)(3) or 501(c)(4) organizations.

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

about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov.

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► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANKE TOBEY JONES

Employer identification number

91-0575957

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations **e** Solicitation of non-government grants
b Internet and email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FUNDRAISING AUCTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	105,860			105,860
	2 Less Contributions . . .	74,714			74,714
	3 Gross income (line 1 minus line 2) . . .	31,146			31,146
Direct Expenses	4 Cash prizes . . .	1,200			1,200
	5 Noncash prizes . . .	2,550			2,550
	6 Rent/facility costs . . .	841			841
	7 Food and beverages . . .	2,774			2,774
	8 Entertainment . . .				
	9 Other direct expenses . . .	42,668			42,668
	10 Direct expense summary Add lines 4 through 9 in column (d)				(50,033) ►
	11 Net income summary Subtract line 10 from line 3, column (d)				-18,887 ►

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22

► Attach to Form 990

► **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANKE TOBEY JONES

Employer identification number

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? Yes No

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

Part II 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. Part II can be duplicated if additional space is needed.

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.

(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
(1) CHARITABLE SUBSIDIES ARE PROVIDED FOR THE HOUSING, NURSING SERVICES AND OTHER CARE OF THOSE RESIDENTS WHO BECOME UNABLE TO MEET ALL OF THEIR FINANCIAL OBLIGATIONS TO FTJ FOR THEIR RESIDENCY AND CARE	6	222,497			
(2) ACADEMIC SCHOLARSHIPS ARE AWARDED TO EMPLOYEES OF FRANKE TOBEY JONES TO ASSIST THEM WITH COSTS ASSOCIATED WITH PURSUING HIGHER LEVEL EDUCATION	9	14,180			
(3) RESIDENTS, STAFF & COMMUNITY SUPPORTERS OF FTJ LOGGED APPROX 16,178 VOLUNTEER HOURS, PROVIDING TIME, LEADERSHIP AND GUIDANCE TO COMMUNITY-BASED ORGANIZATIONS			303,660	ESTIMATED FMV	VOLUNTEER HOURS
(4) FTJ PROVIDED ON-SITE MEETING SPACE AND THE USE OF ITS FACILITIES AT NO CHARGE FOR THE PROGRAMS CONDUCTED BY THE ORGANIZATION FOR THE COMMUNITY AT LARGE AND TO OTHER NON-PROFIT ORGANIZATIONS	11940		155,000	ESTIMATED FMV	MEETING SPACE/USE OF FACILITIES
(5) FTJ PROVIDED SPONSORSHIPS AND DONATED GOODS AND SERVICES TO VARIOUS EVENTS AND PROGRAMS THAT PROMOTE THE HEALTH AND WELL-BEING OF THEIR LOCAL COMMUNITIES	1700		47,700	ESTIMATED FMV	DONATED GOODS/SERVICES

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CHARITABLE SUBSIDIES, THE AMOUNT GRANTED TO THE RECIPIENTS, ARE APPLIED TO THE RECIPIENT'S MONTHLY BILL WHICH INCLUDES THE TOTAL COST OF THEIR ROOM AND BOARD AT FTJ AND ANY MEDICAL SUPPLIES THEY MAY HAVE RECEIVED. SCHOLARSHIPS ARE AWARDED TO FTJ'S EMPLOYEES AND FUNDS ARE DISBURSED DIRECTLY TO THE DESIGNATED COLLEGE OR UNIVERSITY FOR TUITION FEES AND COSTS OF BOOKS

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
FRANKE TOBEY JONES

Employer identification number

91-0575957

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a	Yes	
5b		No
6a	Yes	
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH DUNN VP FINANCE & INTERIM CEO	(i) 118,375 (ii) 0	(i) 50,999 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 7,922 (ii) 0	(i) 177,296 (ii) 0	(i) 0 (ii) 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTIONS 5A AND 6A	DEFERRED BONUSES ARE DETERMINED BASED ON A VARIETY OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING OPERATING MARGIN, DEVELOPMENT GOALS, OVERALL OCCUPANCY, CUSTOMER SATISFACTION, AND ORGANIZATIONAL PERFORMANCE, ETC. BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2013****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990. ► See separate instructions.
 ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
FRANKE TOBEY JONESEmployer identification number
91-0575957**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730	939783PR1	08-27-2003	13,035,000	FACILITIES EXPANSION		X		X		X

Part II Proceeds

							A		B		C		D	
							Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired													
2	Amount of bonds legally defeased													
3	Total proceeds of issue				13,035,000									
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrows													
7	Issuance costs from proceeds				634,548									
8	Credit enhancement from proceeds													
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds				13,035,000									
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion				2004									
14	Were the bonds issued as part of a current refunding issue?					Yes	No	Yes	No	Yes	No	Yes	No	
15	Were the bonds issued as part of an advance refunding issue?						X							
16	Has the final allocation of proceeds been made?					X								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					X								

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public
InspectionDepartment 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.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
FRANKE TOBEY JONES

Employer identification number

91-0575957

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	2	7,668	FMV
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 ► (AUCTION ITEMS)	X	80	40,360	FAIR MARKET VALUE
26 Other ► (ROOM UPGRADE)	X	1	21,719	FAIR MARKET VALUE
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
FRANKE TOBEY JONES**Employer identification number**

91-0575957

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FRANKE TOBEY JONES' FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE ACCOUNTING FIRM WORKS CLOSELY WITH THE STAFF AT FRANKE TOBEY JONES DURING THE PREPARATION PROCESS. A DRAFT OF THE RETURN IS SUBMITTED TO THE ORGANIZATION'S TOP MANAGEMENT AND GOVERNING BODY PRIOR TO THE FILING OF THE RETURN. THIS GIVES MANAGEMENT AND THE GOVERNING BODY AN OPPORTUNITY TO DISCUSS THE RETURN'S CONTENTS AND RECOMMEND ANY NECESSARY CHANGES BEFORE THE RETURN IS FINALIZED AND FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND ARE ASKED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST FORM. REVIEW AND ENFORCEMENT OF THIS POLICY IS DONE ON AN ANNUAL BASIS, EACH TIME A NEW MEMBER HAS BEEN ELECTED TO THE BOARD, OR AT SUCH A TIME A KEY EMPLOYEE HAS BEEN HIRED. EACH IS REQUIRED TO DISCLOSE ANY AND ALL RELATIONSHIPS OR OTHER ACTIVITY OR INTEREST THAT MIGHT CONTRAVENE THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO INVOLVES APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS. SALARY SURVEYS ARE ALSO REVIEWED BY THE HUMAN RESOURCES DIRECTOR FOR THE PURPOSES OF COMPARABILITY.
FORM 990, PART VI, SECTION C, LINE 19	FRANKE TOBEY JONES MAKES ITS GOVERNING DOCUMENTS, AS REQUIRED BY LAW, AND FINANCIAL STATEMENTS, AS REPORTED IN THE FORM 990, AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. IN ADDITION, A CONDENSED VERSION OF THE FINANCIAL STATEMENTS ARE INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT. THE ANNUAL AUDIT IS AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROFESSIONAL AND PURCHASED SERVICES PROGRAM SERVICE EXPENSES 1,397,798 MANAGEMENT AND GENERAL EXPENSES 115,190 FUNDRAISING EXPENSES 1,732 TOTAL EXPENSES 1,514,720
FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.
FRANKE TOBEY JONES - CORE VALUES	1 WE ARE COMMITTED TO THE EXPRESSION OF THESE CORE VALUES IN EVERY SERVICE, PROGRAM AND PROJECT WE UNDERTAKE. 2 WE UNDERSTAND THAT NOTHING IS MORE PERSONAL AND IMPORTANT THAN ONE'S FAMILY, ONE'S HEALTH, AND ONE'S ABILITY TO MAKE A DIFFERENCE IN OUR COMMUNITY. 3 WE WELCOME THE CHALLENGE OF PROVIDING OPPORTUNITIES AND CHOICES TO THOSE WE SERVE. 4 WE ARE DEDICATED TO COMPASSION, DIGNITY, WELLNESS, COMPANIONSHIP, SECURITY, AND A PHILOSOPHY OF LIVING WELL. 5 WE CONSIDER IT OUR RESPONSIBILITY TO CONTINUOUSLY EVALUATE OUR STANDARDS TO SEEK BETTER WAYS TO SERVE, AND TO BUILD A NEW FUTURE FOR OUR COMMUNITY. 6 WE AFFIRM THAT SUSTAINING OUR MISSION REQUIRES VISIONARY LEADERSHIP, RESPONSIBLE MANAGEMENT, WELL PLANNED DEVELOPMENT AND LONG TERM GROWTH OF OUR FISCAL, PHYSICAL AND HUMAN RESOURCES. 7 WE WILL LISTEN FOR EXPRESSIONS OF THE NEEDS OF OUR COMMUNITY. WE WILL SEEK TO LEARN AND UNDERSTAND APPROACHES TO CARE THAT BEST MEET THOSE NEEDS. WE WILL ENGAGE IN DIALOGUE WITH OUR COMMUNITY THAT CLEARLY COMMUNICATES OUR MISSION, CAPABILITIES AND PROGRAMS TO RESPOND TO OUR COMMUNITY NEEDS. WE WILL ADVOCATE FOR CHANGES IN PRIVATE AND PUBLIC POLICY THAT ADDRESS THE NEEDS AND IMPROVE THE LIVES OF THOSE IN OUR COMMUNITY.