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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

|                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                  |                                                           |                                     |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>OLYMPIA UNION GOSPEL MISSION                                     |                                                                                                                                                  | <b>D Employer identification number</b><br><br>91-1680748 |                                     |                                                 |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                 |                                                                                                                                                  |                                                           |                                     |                                                 |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>PO BOX 7668          |                                                                                                                                                  | Room/suite                                                |                                     | <b>E Telephone number</b><br><br>(360) 709-9725 |
|                                                                                                                                                                                                                                                                                              | City or town, state or province, country, and ZIP or foreign postal code<br>OLYMPIA, WA 985077668 |                                                                                                                                                  | <b>G</b> Gross receipts \$ 1,522,251                      |                                     |                                                 |
| <b>F</b> Name and address of principal officer<br>LOREN STEFFEN<br>PO BOX 7668<br>OLYMPIA, WA 985077668                                                                                                                                                                                      |                                                                                                   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                                           |                                     |                                                 |
|                                                                                                                                                                                                                                                                                              |                                                                                                   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |                                     |                                                 |
|                                                                                                                                                                                                                                                                                              |                                                                                                   | <b>H(c)</b> Group exemption number ▶                                                                                                             |                                                           |                                     |                                                 |
| <b>I</b> 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                                                                                               |                                                                                                   |                                                                                                                                                  |                                                           |                                     |                                                 |
| <b>J Website:</b> ▶ WWW OUGM ORG                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                  |                                                           |                                     |                                                 |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                   |                                                                                                                                                  | <b>L</b> Year of formation 1995                           | <b>M</b> State of legal domicile WA |                                                 |

Part I

Summary

|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
|-----------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>THE OUGM EXISTS AS AN EVANGELICAL CHRISTIAN RESCUE MISSION, SERVING THURSTON COUNTY, TO SHARE THE GOOD NEWS OF LIFE IN JESUS CHRIST BY MEETING THE PHYSICAL, MENTAL AND SPIRITUAL NEEDS OF INDIVIDUALS IN CRISIS |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                                         |             |           |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                                                    |             |           |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                                        |             |           |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .                                                                                                                                                                                                         |             |           |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                                                                                                   |             |           |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                                                                                                 |             |           |
|                             | <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                                                                                                                                                                                       |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                                        |             |           |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                                         |             |           |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                                       |             |           |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                       |             |           |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                                                     |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .                                                                                                                                                                                                                      |             |           |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                                        |             |           |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                              |             |           |
|                             | <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                                        |             |           |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶185,411                                                                                                                                                                                                                             |             |           |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                                         |             |           |
|                             | <b>18</b>  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                       |             |           |
|                             | <b>19</b>  | Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                                                  |             |           |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |
| Net Assets or Fund Balances |            | Beginning of Current Year                                                                                                                                                                                                                                                                      | End of Year |           |
|                             | <b>20</b>  | Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                                       | 3,093,510   | 3,131,881 |
|                             | <b>21</b>  | Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                                                  | 589,003     | 579,493   |
|                             | <b>22</b>  | Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                                            | 2,504,507   | 2,552,388 |
|                             |            |                                                                                                                                                                                                                                                                                                |             |           |

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              | *****                                                                     |  | 2015-03-29           |  |                    |                                                 |                   |
|                        | Signature of officer                                                      |  | Date                 |  |                    |                                                 |                   |
| Paid Preparer Use Only | Prnt/Type preparer's name<br>LINDA SHUPACK                                |  | Preparer's signature |  | Date<br>2015-03-30 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01688194 |
|                        | Firm's name ▶ SHANNON & ASSOCIATES LLP                                    |  |                      |  |                    | Firm's EIN ▶ 91-1125800                         |                   |
|                        | Firm's address ▶ 1851 CENTRAL PLACE SOUTH SUITE 225<br>KENT, WA 980307507 |  |                      |  |                    | Phone no (253) 852-8500                         |                   |

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

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization’s mission

THE OUGM EXISTS AS AN EVANGELICAL CHRISTIAN RESCUE MISSION, SERVING THURSTON COUNTY, TO SHARE THE GOOD NEWS OF LIFE IN JESUS CHRIST BY MEETING THE PHYSICAL, MENTAL AND SPIRITUAL NEEDS OF INDIVIDUALS IN CRISIS

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 \$ 675,500 including grants of \$ 249,371 ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | STREET MINISTRY I CHRISTIAN 12-STEP RECOVERY PROGRAM ADDICTIONS OF VARIOUS KINDS DESTROY AND/OR INHIBIT MEN AND WOMEN FROM THEIR GOD GIVEN POTENTIAL THE ADDICTIONS LEAD TO CRIME AND OTHER ANTISOCIAL BEHAVIOR THE MISSION'S CHRISTIAN 12-STEP PROGRAM PROVIDES AN OPPORTUNITY FOR MEN AND WOMEN TO MEET DAILY MONDAY THROUGH FRIDAY AND STUDY GOD'S WORD AS IT APPLIES TO OVERCOMING ADDICTION AND OTHER LIFE ISSUES THAT ARE HOLDING THEM HOSTAGE THE GOAL IS ASSIST THE MEN AND WOMEN TO REALIZE THEIR POTENTIAL AND OVERCOME THEIR PAST 1 PROVIDE CHRIST CENTERED 12- STEP AND BIBLE STUDY 2 BUILD RELATIONSHIPS WITH THOSE IN THE PROGRAM TO HELP THEM IN THEIR RECOVERY 3 BREAK CYCLES OF HOMELESSNESS AND/OR DEPENDENCY ON OTHER SOCIAL SERVICES 4 HELP INDIVIDUALS TO CONNECT WITH A LOCAL CHRISTIAN BODY OF BELIEVERS NUMBER IN ATTENDANCE = 6,898 II CHRISTIAN COUNSELING TO PROVIDE BIBLICAL BASED COUNSELING TO INDIVIDUALS FACING DIFFICULT ISSUES / DECISIONS IN THEIR LIVES COUNSELING SESSIONS = 2,302 III LRC FOOD SERVICE PROGRAMS BREAKFAST THERE ARE MANY IN OUR COMMUNITY WHO ARE HOMELESS AND POOR WHO OBTAIN WORK THROUGH TEMPORARY JOB SERVICES BUT GET NO BREAKFAST TO BEGIN THEIR DAY THIS PROGRAM IS DESIGNED TO PROVIDE DAY LABORERS AND OTHER EARLY RISERS WITH A GOOD MEAL SO THEY CAN BE MORE HEALTHY AND PRODUCTIVE 1 PROVIDE A NUTRITIOUS BREAKFAST TO DAY LABORERS OBTAINING WORK THROUGH TEMPORARY DAY JOBS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THOUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM 4 PROVIDE AN OPPORTUNITY FOR VOLUNTEER TEAMS TO WORK IN THE MISSION LRC LUNCH PROGRAM THE LUNCH PROGRAM PROVIDES A NUTRITIOUS HOT MEAL TO INDIVIDUALS WHO COME TO THE MISSION AT NOON FOR A MEAL AND RESPITE FORM LIFE ON THE STREET 1 PROVIDE A NUTRITIOUS HOT LUNCH TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THOUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM LRC DINNER PROGRAM THE EVENING DINNER PROGRAM PROVIDES A HOT NUTRITIOUS MEAL THE DINNER IS ACCOMPANIED BY A MESSAGE 1 PROVIDE A NUTRITIOUS HOT MEAL TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THOUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM TOTAL FOOD SERVICE MEALS = 99,653 IV LIFE RECOVERY CENTER (LRC) DAY CENTER THE LRC IS DESIGNED TO PROVIDE FOR A SAFE AND WHOLESOME ENVIRONMENT FOR THE HOMELESS AND THE POOR TO COME DURING THE DAY 1 MINSTER TO MEN, WOMEN AND CHILDREN 2 PROVIDE SPIRITUAL COUNSELING AND SUPPORT FOR THOSE SEEKING HELP 3 PROVIDE VARIOUS WORKSHOPS AND STUDY SESSIONS THROUGH OUT THE DAY 4 PROVIDE HOT SHOWERS AND LAUNDRY 5 PROVIDE FOR EMERGENCY CLOTHING NEEDS 6 PROVIDE DONATED PERSONAL CARE PRODUCTS TO THOSE IN NEED 7 PROVIDE LIFE SKILLS TRAINING 8 PROVIDE ARTS AND CRAFTS CLASSES 9 CREATE AN ENVIRONMENT THAT FOSTERS THE DEVELOPMENT OF HEALTHY RELATIONSHIPS BETWEEN CLIENTS, VOLUNTEERS AND STAFF 10 PROVIDE AN OPPORTUNITY FOR VOLUNTEER TEAMS TO WORK IN THE MISSION NUMBER OF VISITS = 32,263 V BENEVOLENCE MINISTRY THIS MINISTRY SEEKS TO MEET EMERGENCY NEEDS FOR MONEY TO PAY FOR UTILITIES AND RENT FOR THOSE WHO HAVE RECEIVED NOTICE OF UTILITY SHUT-OFF OR EVICTION MONEY IS ALSO MADE AVAILABLE TO PAY FOR PRESCRIPTION DRUGS SUCH AS ANTIBIOTICS (NO NARCOTICS) 1 TELEPHONE INTERVIEW WITH EACH REQUESTOR AS TO THEIR NEED DETERMINE IF A FURTHER INTERVIEW IS JUSTIFIED TO PROVIDE FINANCIAL HELP 2 MEET WITH THE PERSON FACE TO FACE VIEW THEIR NOTICE OR PRESCRIPTION DETERMINE AS BEST AS POSSIBLE WHERE GOD IS IN THEIR CIRCUMSTANCES PROVIDE EMERGENCY FUNDS AS JUSTIFIED ON A CASE-BY-CASE BASIS 3 PROVIDE BUS PASSES TO MISSION CLIENTS AND THOSE NEEDING TRANSPORTATION TO AND FORM WORK OR MEDICAL APPOINTMENTS, ETC 4 SHARE THE GOSPEL AND PRAY WITH THE PERSON CLIENTS SERVED = 386 |
| 4b | (Code ) (Expenses \$ 289,982 including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | DENTAL PROGRAM THE MISSION OWNS AND OPERATES A THREE CHAIR DENTAL CLINIC DENTAL CARE IS PROVIDED BY VOLUNTEER DENTISTS, DENTAL HYGIENISTS AND DENTAL ASSISTANTS DENTAL SERVICES ARE PROVIDED FOR NO-FEE TO THOSE INDIVIDUALS WHO HAVE AN ACUTE DENTAL CARE NEED, ARE LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, HAVE NO DENTAL INSURANCE OR OTHER MEANS TO PAY FOR CARE IN ADDITION, OTHER ORAL SURGERY AND MEDICAL SERVICES ARE PROVIDED THROUGH REFERRAL 1 ALLEVIATING PAIN, RESTORING HEALTH AND CONFIDENCE BY PROVIDING NO-FEE DENTAL CARE TO THE POOR AND HOMELESS 2 ESTABLISH RELATIONSHIPS WITH OTHER PARTNERS (DENTISTS, GOVERNMENTAL AGENCIES AND SPECIALISTS ) 3 ESTABLISH RELATIONSHIPS WITH CLIENTS AND SHARE THE GOSPEL PATIENT VISITS = 1,698 VISION CLINIC THIS IS A SERVICE AVAILABLE TO INDIVIDUALS WITH HOUSE HOLD INCOMES THAT PLACE THEM AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, WHO HAVE NO INSURANCE FOR VISION SERVICES OR OTHER MEANS TO PAY FOR CARE AT NO FEE, PATIENTS ARE PROVIDED A COMPLETE VISION EXAMINATION BY A LICENSED EYE PHYSICIAN AND, AS NEEDED, PRESCRIPTION GLASSES ON A CASE BY CASE BASIS, REFERRAL TO EYE SURGEONS IS AVAILABLE FOR PATIENTS WITH CATARACTS PATIENT VISITS = 709 MEDICAL CLINIC THE MEDICAL CLINIC PROVIDES, AT NO-FEE TO UNINSURED INDIVIDUALS WITH HOUSEHOLD INCOMES THAT PLACE THEM AT, OR BELOW, 200% OF THE FEDERAL POVERTY LEVEL, PRIMARY CARE MEDICAL SERVICES FOR THE DIAGNOSIS AND MANAGEMENT OF DIABETES, HYPERTENSION, HEART FAILURE, ASTHMA AND COPD IN ADDITION TO CLINICAL SERVICES PROVIDED BY A VOLUNTEER LICENSED MEDICAL PROVIDER, PATIENT SERVICES INCLUDE CLINICAL LABORATORY TESTING, THE OPPORTUNITY TO MEET WITH DIETITIANS AND SOCIAL WORKERS, AND FINANCIAL ASSISTANCE PURCHASING PRESCRIBED MEDICATIONS UNTIL THE PATIENT CAN BE ACCEPTED INTO THE PRESCRIPTION ASSISTANCE PROGRAMS OFFERED BY DRUG MANUFACTURES NOTE THE MEDICAL CLINIC WAS CLOSED IN FEBRUARY OF 2014 WITH THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT AND EXPANSION OF MEDICAID FUNDING IN WASHINGTON STATE PATIENT VISITS = 283 TOTAL CLIENT SERVICES = 144,244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4c | (Code ) (Expenses \$ 123,241 including grants of \$ ) (Revenue \$ 3,892 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | WOMEN AND FAMILY PROGRAM SINGLE WOMEN AND WOMEN WITH CHILDREN, DRUG AND ALCOHOL RECOVERY THE WOMEN'S (GENESIS) RECOVERY PROGRAM IS DESIGNED AS A TWO YEAR DRUG AND ALCOHOL RECOVERY PROGRAM, TO INCLUDE TRANSITIONAL HOUSING FOR WOMEN AND DEPENDANT CHILDREN DURING THESE MONTHS THE FOLLOWING GOALS ARE IN PLACE 1 PROVIDE A STABLE SUPPORTING ENVIRONMENT 2 PROVIDE FOR SPIRITUAL GROWTH 3 IN COOPERATION WITH OTHER AGENCIES, PROVIDE DRUG AND / OR ALCOHOL RECOVERY TREATMENT 4 REUNITE WOMEN WITH THEIR CHILDREN 5 PROVIDE COUNSELING FOR THE PROBLEMS, WHICH HAVE LED TO ADDICTION AND HOMELESSNESS 6 PROVIDE FOR RESOLVING/PAYING OFF DEBT AND/OR FINES 7 PROVIDE OPPORTUNITIES FOR ADDITIONAL EDUCATION, JOB TRAINING 8 PROVIDE OPPORTUNITIES TO OBTAIN BETTER EMPLOYMENT CLIENTS SERVED = 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | (Code ) (Expenses \$ 94,444 including grants of \$ ) (Revenue \$ 2,344 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | MEN'S DRUG AND ALCOHOL RECOVERY PROGRAM TRANSITIONAL HOUSING FOR MEN THIS PROGRAM PROVIDES TRANSITIONAL LIVING DRUG AND ALCOHOL RECOVERY FOR UP TO 12 MEN 1 PROVIDE DRUG AND ALCOHOL RECOVERY SERVICES USING THE "GENESIS" PROCESS 2 PROVIDE HOUSING FOR THE HOMELESS IN RECOVERY 3 PROVIDE LIFE SKILLS AND DISCIPLESHIP TRAINING 4 PROVIDE SUPPORT FOR BETTER EDUCATION, ECONOMIC RECOVERY AND EMPLOYMENT 5 CONNECT CLIENTS WITH A LOCAL CHRISTIAN EVANGELICAL CHURCH CLIENTS SERVED = 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4d | Other program services (Describe in Schedule O )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | (Expenses \$ 94,444 including grants of \$ ) (Revenue \$ 2,344 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4e | Total program service expenses ▶ 1,183,167                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                            | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                            | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> 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                                                                                                                                                                             | 4       | No |
| 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                                                                                                                                                     | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10      | No |
| 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                                                                                                                                                            | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                         | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                       | 11c     | No |
| 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                                                                                                         | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                               | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | 12b     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | 14a     | No |
| 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                                                                       | 14b     | No |
| 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                                                                                                                                                                                 | 15      | No |
| 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                                                                                                                                                                           | 16      | No |
| 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)                                                                             | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                            | 18 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                      | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  |     | No |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| 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 |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  | Yes |    |
| 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

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.                                                                                                                                                                                                |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             |     |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | Yes |    |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                                                                 | Yes |    |
| 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)?                                   |     | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>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?                                                                                                                                                                        |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           |     |    |
| 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?                                                                      |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| 7a  | 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?                                                                                                                              | Yes |    |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | Yes |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | No |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | Yes |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| 9a  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| 9b  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| 11a | Gross income from members or shareholders.                                                                                                                                                                                                                                   |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             |     |    |
| 13b | 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 | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   |     |    |

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 . . . . .                                                                                                                                 | 7   |     |
| 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 . . . . .                                                                                                                                  | 7   |     |
| 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   | Yes |
| 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                                                                                              |     |     |
| a                                                                                                                                                                                                                | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b                                                                                                                                                                                                                | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 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 . . . . .        | 9   | No  |

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  | Yes |
| 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?                                                                                   |     |     |
| a                                                                                  | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | 15a | Yes |
| b                                                                                  | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | 15b | Yes |
| 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▶                                                                                                                                                                                                                                                                                                                                                |
| 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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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<br>▶LOREN STEFFEN 1401 EASTVIEW CT NW<br>OLYMPIA, WA 98502 (360) 943-6252                                                                                                                                                                                                                     |

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

**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

[illegible]



## Part VII

|           |                                                                        |        |  |       |
|-----------|------------------------------------------------------------------------|--------|--|-------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |        |  |       |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |        |  |       |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 19,524 |  | 2,093 |

**2** Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization)

|          |                                                                                                                                                                                                                                               | Yes      | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No |
| <b>4</b> | 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> . . . . . | <b>4</b> | No |
| <b>5</b> | 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> . . . . .                       | <b>5</b> | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 ►

Part VIII

Statement of Revenue

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

|                                                           |                                                        |                                                                                                                                          | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |        |
|-----------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|--------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                     | Federated campaigns . . . . .                                                                                                            | 1a                   | 15,642                                             |                                         |                                                                     |        |
|                                                           | b                                                      | Membership dues . . . . .                                                                                                                | 1b                   |                                                    |                                         |                                                                     |        |
|                                                           | c                                                      | Fundraising events . . . . .                                                                                                             | 1c                   | 19,792                                             |                                         |                                                                     |        |
|                                                           | d                                                      | Related organizations . . . . .                                                                                                          | 1d                   |                                                    |                                         |                                                                     |        |
|                                                           | e                                                      | Government grants (contributions)                                                                                                        | 1e                   |                                                    |                                         |                                                                     |        |
|                                                           | f                                                      | All other contributions, gifts, grants, and<br>similar amounts not included above                                                        | 1f                   | 1,376,806                                          |                                         |                                                                     |        |
|                                                           | g                                                      | Noncash contributions included in lines<br>1a-1f \$                                                                                      |                      | 249,371                                            |                                         |                                                                     |        |
|                                                           | h                                                      | Total. Add lines 1a-1f . . . . .                                                                                                         |                      | 1,412,240                                          |                                         |                                                                     |        |
| Program Service Revenue                                   | 2a                                                     | GENESIS ACRES RENTAL                                                                                                                     | Business Code        |                                                    |                                         |                                                                     |        |
|                                                           |                                                        |                                                                                                                                          | 531110               | 8,475                                              | 8,475                                   |                                                                     |        |
|                                                           | b                                                      | PROGRAM SERVICE REVENUE                                                                                                                  | 624200               | 6,236                                              | 6,236                                   |                                                                     |        |
|                                                           | c                                                      |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
|                                                           | d                                                      |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
|                                                           | e                                                      |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
|                                                           | f                                                      | All other program service revenue                                                                                                        |                      |                                                    |                                         |                                                                     |        |
|                                                           | g                                                      | Total. Add lines 2a-2f . . . . .                                                                                                         |                      | 14,711                                             |                                         |                                                                     |        |
| Other Revenue                                             | 3                                                      | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                |                      | 3,791                                              |                                         |                                                                     | 3,791  |
|                                                           | 4                                                      | Income from investment of tax-exempt bond proceeds . . . . .                                                                             |                      |                                                    |                                         |                                                                     |        |
|                                                           | 5                                                      | Royalties . . . . .                                                                                                                      |                      |                                                    |                                         |                                                                     |        |
|                                                           | 6a                                                     | Gross rents                                                                                                                              | (i) Real             | (ii) Personal                                      |                                         |                                                                     |        |
|                                                           |                                                        |                                                                                                                                          | 31,070               |                                                    |                                         |                                                                     |        |
|                                                           | b                                                      | Less rental expenses                                                                                                                     |                      | 18,153                                             |                                         |                                                                     |        |
|                                                           | c                                                      | Rental income or (loss)                                                                                                                  |                      | 12,917                                             |                                         |                                                                     |        |
|                                                           | d                                                      | Net rental income or (loss) . . . . .                                                                                                    |                      | 12,917                                             |                                         | 12,917                                                              |        |
|                                                           | 7a                                                     | Gross amount from sales of assets other than inventory                                                                                   | (i) Securities       | (ii) Other                                         |                                         |                                                                     |        |
|                                                           |                                                        |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
|                                                           | b                                                      | Less cost or other basis and sales expenses                                                                                              |                      |                                                    |                                         |                                                                     |        |
|                                                           | c                                                      | Gain or (loss)                                                                                                                           |                      |                                                    |                                         |                                                                     |        |
|                                                           | d                                                      | Net gain or (loss) . . . . .                                                                                                             |                      |                                                    |                                         |                                                                     |        |
|                                                           | 8a                                                     | Gross income from fundraising events (not including<br>\$ 19,792 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                     |        |
|                                                           |                                                        |                                                                                                                                          | a                    | 56,581                                             |                                         |                                                                     |        |
|                                                           | b                                                      | Less direct expenses . . . . .                                                                                                           | b                    | 27,965                                             |                                         |                                                                     |        |
|                                                           | c                                                      | Net income or (loss) from fundraising events . . . . .                                                                                   |                      | 28,616                                             |                                         |                                                                     | 28,616 |
|                                                           | 9a                                                     | Gross income from gaming activities<br>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                    | 3,858                                              |                                         |                                                                     |        |
| b                                                         | Less cost of goods sold . . . . .                      | b                                                                                                                                        |                      |                                                    |                                         |                                                                     |        |
| c                                                         | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                          | 3,858                |                                                    |                                         | 3,858                                                               |        |
|                                                           | Miscellaneous Revenue                                  | Business Code                                                                                                                            |                      |                                                    |                                         |                                                                     |        |
| 11a                                                       |                                                        |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
| b                                                         |                                                        |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
| c                                                         |                                                        |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
| d                                                         | All other revenue . . . . .                            |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
| e                                                         | Total. Add lines 11a-11d . . . . .                     |                                                                                                                                          |                      |                                                    |                                         |                                                                     |        |
| 12                                                        | Total revenue. See Instructions . . . . .              |                                                                                                                                          | 1,476,133            | 14,711                                             | 12,917                                  | 36,265                                                              |        |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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.                                                                                                                                                  | 249,371               | 249,371                         |                                        |                             |
| 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.                                                                                                                                                               | 21,617                | 15,132                          | 6,485                                  |                             |
| 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.                                                                                                                                                                                                               | 495,430               | 361,723                         | 70,218                                 | 63,489                      |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 7,722                 | 7,722                           |                                        |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 53,765                | 38,812                          | 8,185                                  | 6,768                       |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 9,100                 |                                 | 9,100                                  |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 40,175                | 13,817                          | 1,565                                  | 24,793                      |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              | 10,245                |                                 |                                        | 10,245                      |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 67,871                |                                 | 5,731                                  | 62,140                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 165,814               | 136,054                         | 17,914                                 | 11,846                      |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 12,810                | 6,493                           | 6,317                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                               | 28,668                | 28,668                          |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 50,100                | 47,684                          | 2,416                                  |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 20,924                |                                 | 20,924                                 |                             |
| 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                                                                                                                                                                                                                                | 87,146                | 69,794                          | 17,352                                 |                             |
| b                                                                              | MEALS                                                                                                                                                                                                                                   | 65,572                | 65,161                          | 411                                    |                             |
| c                                                                              | MISCELLANEOUS                                                                                                                                                                                                                           | 21,101                | 9,855                           | 8,404                                  | 2,842                       |
| d                                                                              | CLIENT ASSISTANCE                                                                                                                                                                                                                       | 16,906                | 16,906                          |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      | 3,915                 | 115,975                         | -115,348                               | 3,288                       |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 1,428,252             | 1,183,167                       | 59,674                                 | 185,411                     |
| 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |           | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |           | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                          |     |           | 414,893           | 1   | 93,769      |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                             |     |           | 479,892           | 2   | 889,633     |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                 |     |           |                   | 3   |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |           | 7,759             | 4   | 6,974       |
|                             | 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 . . . . .                                                                                                                                                                                                                                                                              |     |           | 500               | 9   | 500         |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 2,530,499 | 2,190,466         | 10c | 2,141,005   |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                      | 10b | 389,494   |                   |     |             |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                             |     |           |                   | 11  |             |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                  |     |           |                   | 12  |             |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |     |           |                   | 13  |             |
|                             | 14                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                  |     |           |                   | 14  |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                  |     |           |                   | 15  |             |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                                                                                                                                                                          |     |           | 3,093,510         | 16  | 3,131,881   |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                              |     |           | 127               | 17  | 5,801       |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                     |     |           |                   | 18  |             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                   |     |           |                   | 19  |             |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                        |     |           |                   | 20  |             |
|                             | 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 . . . . .                                                                                                                                |     |           | 389,946           | 22  | 377,482     |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                     |     |           | 195,540           | 23  | 191,975     |
|                             | 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 . . . . .                                                                                                                                               |     |           | 3,390             | 25  | 4,235       |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                         |     |           | 589,003           | 26  | 579,493     |
| 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 . . . . .                                                                                                                                                                                                                                                                                            |     |           | 2,504,507         | 27  | 2,552,388   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |           |                   | 28  |             |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |           |                   | 29  |             |
|                             | 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 . . . . .                                                                                                                                                                                                                                                                                  |     |           | 2,504,507         | 33  | 2,552,388   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                     |     |           | 3,093,510         | 34  | 3,131,881   |

Part XI Reconciliation of Net Assets

Check 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  | 1,476,133 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 1,428,252 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 47,881    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 2,504,507 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  |           |
| 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  |           |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,552,388 |

Part XII Financial Statements and Reporting

Check 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 type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other HYBRID<br>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?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |     | No |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                               | 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?                                                                                                                                                                                                                                                                            |     | 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                                                                                                                                                                                                                |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                                 |                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>OLYMPIA UNION GOSPEL MISSION | <b>Employer identification number</b><br>91-1680748 |
|-----------------------------------------------------------------|-----------------------------------------------------|

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  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9  | <input type="checkbox"/>            | 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 <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                               |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | <input type="checkbox"/>            | 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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                          |
| f  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> 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?<br><b>(ii)</b> A family member of a person described in (i) above?<br><b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                                             |
| h  | <input type="checkbox"/>            | 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 ")                                                                                                   | 1,138,479 | 1,172,077 | 1,208,093 | 1,424,083 | 1,412,240 | 6,354,972 |
| 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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 1,138,479 | 1,172,077 | 1,208,093 | 1,424,083 | 1,412,240 | 6,354,972 |
| 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) |           |           |           |           |           | 28,058    |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |           |           |           |           |           | 6,326,914 |

| 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                                                                                                                                                                                                                                                                 | 1,138,479 | 1,172,077 | 1,208,093 | 1,424,083 | 1,412,240 | 6,354,972 |
| 8                                             | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                                      | 19,146    | 20,280    | 16,402    | 4,896     | 3,791     | 64,515    |
| 9                                             | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                                                                  |           |           |           |           | 11,917    | 11,917    |
| 10                                            | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                                                                                                                      | 38,787    | 37,154    |           | 29,293    | 60,439    | 165,673   |
| 11                                            | <b>Total support</b> (Add lines 7 through 10)                                                                                                                                                                                                                                       |           |           |           |           |           | 6,597,077 |
| 12                                            | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                                                                      |           |           |           |           | 12        | 316,473   |
| 13                                            | <b>First five years.</b> 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 <b>stop here</b> . . . . .  |           |           |           |           |           |           |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                         |    |          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                  | 14 | 95 900 % |
| 15                                                  | Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                         | 15 | 96 050 % |
| 16a                                                 | <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                            |    |          |
| b                                                   | <b>33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                       |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                               |    |          |

Part IIISupport 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.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the 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                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 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 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 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                              |
| PART II, LINE 10             | FUNDRAISING, RENTAL INCOME, MISC 105,234 |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>OLYMPIA UNION GOSPEL MISSION | Employer identification number<br>91-1680748 |
|----------------------------------------------------------|----------------------------------------------|

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

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 ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

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 . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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 . . . . .                                                                                            |                                      | 975,074                        |                              | 975,074        |
| b Buildings . . . . .                                                                                        |                                      | 774,283                        | 113,993                      | 660,290        |
| c Leasehold improvements . . . . .                                                                           |                                      | 605,047                        | 173,137                      | 431,910        |
| d Equipment . . . . .                                                                                        |                                      | 176,095                        | 102,364                      | 73,731         |
| e Other . . . . .                                                                                            |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 2,141,005      |



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  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |    |  |
| a | Net unrealized gains on investments . . . . .                                            | 2a |    |  |
| 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 |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                   |    | 3  |  |
| 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 |    |  |
| c | Add lines 4a and 4b . . . . .                                                            |    | 4c |  |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . |    | 5  |  |

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  |  |
| 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 |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                    |    | 3  |  |
| 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 |    |  |
| c | Add lines 4a and 4b . . . . .                                                             |    | 4c |  |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . |    | 5  |  |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PAGE 3, PART X | ACCOUNTING FOR INCOME TAXES GUIDANCE REQUIRES NONPUBLIC ENTITIES TO DETERMINE AND EVALUATE UNCERTAIN TAX POSITIONS. ENTITIES ARE REQUIRED TO MEASURE, RECOGNIZE, AND DISCLOSE UNCERTAIN TAX POSITIONS. THE TERM TAX POSITION INCLUDES, BUT IS NOT LIMITED TO, A DECISION NOT TO FILE A RETURN, THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE INCOME ON A TAX RETURN, AND THE ENTITY'S TAX-EXEMPT STATUS. MANAGEMENT BELIEVES THE MISSION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE MISSION MAY BE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS ENDED AUGUST 31, 2011, THROUGH 2014. |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                          |                                                  |
|----------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>OLYMPIA UNION GOSPEL MISSION | Employer identification number<br><br>91-1680748 |
|----------------------------------------------------------|--------------------------------------------------|

**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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

- 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                                                            | (b) Event #2                    | (c) Other events | (d) Total events                 |
|-----------------|----|-------------------------------------------------------------------------|---------------------------------|------------------|----------------------------------|
|                 |    | CONCERT<br>(event type)                                                 | CLIENT GRADUATI<br>(event type) | (total number)   | (add col (a) through<br>col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                  | 69,488                          | 6,885            | 76,373                           |
|                 | 2  | Less Contributions . . .                                                | 15,732                          | 4,060            | 19,792                           |
|                 | 3  | Gross income (line 1<br>minus line 2) . . . .                           | 53,756                          | 2,825            | 56,581                           |
| Direct Expenses | 4  | Cash prizes . . . .                                                     |                                 |                  |                                  |
|                 | 5  | Noncash prizes . . .                                                    |                                 |                  |                                  |
|                 | 6  | Rent/facility costs . . .                                               | 6,092                           | 729              | 6,821                            |
|                 | 7  | Food and beverages .                                                    | 2,400                           | 4,355            | 6,755                            |
|                 | 8  | Entertainment . . . .                                                   | 9,000                           |                  | 9,000                            |
|                 | 9  | Other direct expenses .                                                 | 4,516                           | 873              | 5,389                            |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                 |                  |                                  |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                 |                  |                                  |
|                 |    |                                                                         |                                 |                  | 28,616                           |

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.

| Revenue         |                                                                                 | (a) Bingo                                                     | (b) Pull tabs/Instant<br>bingo/progressive bingo              | (c) Other gaming                                              | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|
|                 | 1 Gross revenue . . . . .                                                       |                                                               |                                                               |                                                               |                                                      |
| Direct Expenses | 2 Cash prizes . . . . .                                                         |                                                               |                                                               |                                                               |                                                      |
|                 | 3 Non-cash prizes . . . . .                                                     |                                                               |                                                               |                                                               |                                                      |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                               |                                                               |                                                               |                                                      |
|                 | 5 Other direct expenses . . . . .                                               |                                                               |                                                               |                                                               |                                                      |
|                 | 6 Volunteer labor . . . . .                                                     | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> |                                                      |
|                 | 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

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**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)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
OLYMPIA UNION GOSPEL MISSION

Employer identification number  
91-1680748

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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

**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) DONATED FOOD AND CLOTHING  | 114051                  |                         | 249,371                          | FMV                                                  | FOOD & CLOTHING                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

**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                                                                                                                                                                                                                                                                                                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE I, PAGE 4, PART IV | PART III (B) - NUMBER OF RECIPIENTS THE NUMBER OF RECEIPIENTS IS ESTIMATED AS THE ARTICLES OF CLOTHING GIVEN OUT AND THE NUMBER OF MEALS SERVED SOME INDIVIDUALS MAY HAVE RECEIVED MULTIPLE ARTICLES OF CLOTHING AND UTILIZED THE MISSION'S MEAL SERVICES MULTIPLE TIMES THIS IS NOT INCORPORATED IN THE ESTIMATE |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at**  
**www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
OLYMPIA UNION GOSPEL MISSION

Employer identification number  
91-1680748

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|   |                                 |                                                               |                                | Yes            | No |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person           | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-----------------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                         |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) GENESIS ACRES LOAN-MIRANDA GRIFFITH | FORMER BOARD MEMBER                | BUILDING MORTGAGE   | X                                     |      | 400,000                       | 377,482         |                 | No | Yes                                 |    | Yes                    |    |
|                                         |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                         |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                         |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                         |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                         |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total ▶ \$                              |                                    |                     |                                       |      |                               | 377,482         |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
OLYMPIA UNION GOSPEL MISSION

Employer identification number  
91-1680748

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                | X                                |                                                        | 146,331                                                                               | FAIR MARKET VALUE                                            |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     |                                  |                                                        |                                                                                       |                                                              |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                | X                                | 99,653                                                 | 103,040                                                                               | FAIR MARKET VALUE                                            |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ► ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 26 Other ►( )                                                              |                                  |                                                        |                                                                                       |                                                              |
| 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 . . . . .

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? . . . . .

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?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

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                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------|
| SCHEDULE M, PAGE 2, PART II | THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF MEALS SERVED TO CLIENTS OF THE MISSION |

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
OLYMPIA UNION GOSPEL MISSION

Employer identification number  
91-1680748

990 Schedule O, Supplemental Information

| Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| FORM 990, PAGE 1, PART I, LINE 6    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PAGE 2, PART III, LINE 3  | DURING THE YEAR, OUGM DISCONTINUED ITS MEDICAL CLINIC SERVICES FOR UNINSURED INDIVIDUALS AND FAMILIES WITH THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, NEARLY ALL PATIENTS SERVED THROUGH THE CLINIC NOW HAVE HEALTH INSURANCE AND ARE ABLE TO OBTAIN THE SERVICES THROUGH OTHER PROVIDERS MAKING IT UNNECESSARY FOR THE CLINIC TO CONTINUE OPERATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PAGE 2, PART III, LINE 4A | 1 PROVIDE CHRIST CENTERED 12- STEP AND BIBLE STUDY 2 BUILD RELATIONSHIPS WITH THOSE IN THE PROGRAM TO HELP THEM IN THEIR RECOVERY 3 BREAK CYCLES OF HOMELESSNESS AND/OR DEPENDENCY ON OTHER SOCIAL SERVICES 4 HELP INDIVIDUALS TO CONNECT WITH A LOCAL CHRISTIAN BODY OF BELIEVERS NUMBER IN ATTENDANCE = 6,898 II CHRISTIAN COUNSELING TO PROVIDE BIBLICAL BASED COUNSELING TO INDIVIDUALS FACING DIFFICULT ISSUES / DECISIONS IN THEIR LIVES COUNSELING SESSIONS = 2,302 III LRC FOOD SERVICE PROGRAMS BREAKFAST THERE ARE MANY IN OUR COMMUNITY WHO ARE HOMELESS AND POOR WHO OBTAIN WORK THROUGH TEMPORARY JOB SERVICES BUT GET NO BREAKFAST TO BEGIN THEIR DAY THIS PROGRAM IS DESIGNED TO PROVIDE DAY LABORERS AND OTHER EARLY RISERS WITH A GOOD MEAL SO THEY CAN BE MORE HEALTHY AND PRODUCTIVE 1 PROVIDE A NUTRITIOUS BREAKFAST TO DAY LABORERS OBTAINING WORK THROUGH TEMPORARY DAY JOBS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THROUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM 4 PROVIDE AN OPPORTUNITY FOR VOLUNTEER TEAMS TO WORK IN THE MISSION LRC LUNCH PROGRAM THE LUNCH PROGRAM PROVIDES A NUTRITIOUS HOT MEAL TO INDIVIDUALS WHO COME TO THE MISSION AT NOON FOR A MEAL AND RESPIRE FORM LIFE ON THE STREET 1 PROVIDE A NUTRITIOUS HOT LUNCH TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THROUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM LRC DINNER PROGRAM THE EVENING DINNER PROGRAM PROVIDES A HOT NUTRITIOUS MEAL THE DINNER IS ACCOMPANIED BY A MESSAGE 1 PROVIDE A NUTRITIOUS HOT MEAL TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AND OPPORTUNITY TO SHARE THE GOSPEL THROUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM TOTAL FOOD SERVICE MEALS = 99,653 IV LIFE RECOVERY CENTER (LRC) DAY CENTER THE LRC IS DESIGNED TO PROVIDE FOR A SAFE AND WHOLESOME ENVIRONMENT FOR THE HOMELESS AND THE POOR TO COME DURING THE DAY 1 MINSTER TO MEN, WOMEN AND CHILDREN 2 PROVIDE SPIRITUAL COUNSELING AND SUPPORT FOR THOSE SEEKING HELP 3 PROVIDE VARIOUS WORKSHOPS AND STUDY SESSIONS THROUGHOUT THE DAY 4 PROVIDE HOT SHOWERS AND LAUNDRY 5 PROVIDE FOR EMERGENCY CLOTHING NEEDS 6 PROVIDE DONATED PERSONAL CARE PRODUCTS TO THOSE IN NEED 7 PROVIDE LIFE SKILLS TRAINING 8 PROVIDE ARTS AND CRAFTS CLASSES 9 CREATE AN ENVIRONMENT THAT FOSTERS THE DEVELOPMENT OF HEALTHY RELATIONSHIPS BETWEEN CLIENTS, VOLUNTEERS AND STAFF 10 PROVIDE AN OPPORTUNITY FOR VOLUNTEER TEAMS TO WORK IN THE MISSION NUMBER OF VISITS = 32,263 V BENEVOLENCE MINISTRY THIS MINISTRY SEEKS TO MEET EMERGENCY NEEDS FOR MONEY TO PAY FOR UTILITIES AND RENT FOR THOSE WHO HAVE RECEIVED NOTICE OF UTILITY SHUT-OFF OR EVICTION MONEY IS ALSO MADE AVAILABLE TO PAY FOR PRESCRIPTION DRUGS SUCH AS ANTIBIOTICS (NO NARCOTICS) 1 TELEPHONE INTERVIEW WITH EACH REQUESTOR AS TO THEIR NEED DETERMINE IF A FURTHER INTERVIEW IS JUSTIFIED TO PROVIDE FINANCIAL HELP 2 MEET WITH THE PERSON FACE TO FACE VIEW THEIR NOTICE OR PRESCRIPTION DETERMINE AS BEST AS POSSIBLE WHERE GOD IS IN THEIR CIRCUMSTANCES PROVIDE EMERGENCY FUNDS AS JUSTIFIED ON A CASE-BY-CASE BASIS 3 PROVIDE BUS PASSES TO MISSION CLIENTS AND THOSE NEEDING TRANSPORTATION TO AND FROM WORK OR MEDICAL APPOINTMENTS, ETC 4 SHARE THE GOSPEL AND PRAY WITH THE PERSON CLIENTS SERVED = 386 |
| FORM 990, PAGE 2, PART III, LINE 4B | 2 ESTABLISH RELATIONSHIPS WITH OTHER PARTNERS (DENTISTS, GOVERNMENTAL AGENCIES AND SPECIALISTS ) 3 ESTABLISH RELATIONSHIPS WITH CLIENTS AND SHARE THE GOSPEL PATIENT VISITS = 1,698 VISION CLINIC THIS IS A SERVICE AVAILABLE TO INDIVIDUALS WITH HOUSEHOLD INCOMES THAT PLACE THEM AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, WHO HAVE NO INSURANCE FOR VISION SERVICES OR OTHER MEANS TO PAY FOR CARE AT NO FEE, PATIENTS ARE PROVIDED A COMPLETE VISION EXAMINATION BY A LICENSED EYE PHYSICIAN AND, AS NEEDED, PRESCRIPTION GLASSES ON A CASE BY CASE BASIS, REFERRAL TO EYE SURGEONS IS AVAILABLE FOR PATIENTS WITH CATARACTS PATIENT VISITS = 709 MEDICAL CLINIC THE MEDICAL CLINIC PROVIDES, AT NO-FEE TO UNINSURED INDIVIDUALS WITH HOUSEHOLD INCOMES THAT PLACE THEM AT, OR BELOW, 200% OF THE FEDERAL POVERTY LEVEL, PRIMARY CARE MEDICAL SERVICES FOR THE DIAGNOSIS AND MANAGEMENT OF DIABETES, HYPERTENSION, HEART FAILURE, ASTHMA AND COPD IN ADDITION TO CLINICAL SERVICES PROVIDED BY A VOLUNTEER LICENSED MEDICAL PROVIDER, PATIENT SERVICES INCLUDE CLINICAL LABORATORY TESTING, THE OPPORTUNITY TO MEET WITH DIETITIANS AND SOCIAL WORKERS, AND FINANCIAL ASSISTANCE PURCHASING PRESCRIBED MEDICATIONS UNTIL THE PATIENT CAN BE ACCEPTED INTO THE PRESCRIPTION ASSISTANCE PROGRAMS OFFERED BY DRUG MANUFACTURES NOTE THE MEDICAL CLINIC WAS CLOSED IN FEBRUARY OF 2014 WITH THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT AND EXPANSION OF MEDICAID FUNDING IN WASHINGTON STATE PATIENT VISITS = 283 TOTAL CLIENT SERVICES = 144,244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PAGE 2, PART III, LINE 4C | 5 PROVIDE COUNSELING FOR THE PROBLEMS, WHICH HAVE LED TO ADDICTION AND HOMELESSNESS 6 PROVIDE FOR RESOLVING/PAYING OFF DEBT AND/OR FINES 7 PROVIDE OPPORTUNITIES FOR ADDITIONAL EDUCATION, JOB TRAINING 8 PROVIDE OPPORTUNITIES TO OBTAIN BETTER EMPLOYMENT CLIENTS SERVED = 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PAGE 2, PART III, LINE 4D | MEN'S DRUG AND ALCOHOL RECOVERY PROGRAM TRANSITIONAL HOUSING FOR MEN THIS PROGRAM PROVIDES TRANSITIONAL LIVING DRUG AND ALCOHOL RECOVERY FOR UP TO 12 MEN 1 PROVIDE DRUG AND ALCOHOL RECOVERY SERVICES USING THE "GENESIS" PROCESS 2 PROVIDE HOUSING FOR THE HOMELESS IN RECOVERY 3 PROVIDE LIFE SKILLS AND DISCIPLESHIP TRAINING 4 PROVIDE SUPPORT FOR BETTER EDUCATION, ECONOMIC RECOVERY AND EMPLOYMENT 5 CONNECT CLIENTS WITH A LOCAL CHRISTIAN EVANGELICAL CHURCH CLIENTS SERVED = 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PAGE 6, PART VI, LINE 2   | CINDY MCREYNOLDS CHARLES MCREYNOLDS BOARD MEMBER BOARD MEMBER SPOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, PAGE 6, PART VI, LINE 11B | BOARD MEMBERS ARE PROVIDED A COPY OF THE 990 FOR REVIEW WITH TIME AND OPPORTUNITY TO ASK QUESTIONS THEY HAVE ABOUT THE FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, PAGE 6, PART VI, LINE 12C | THE EXECUTIVE DIRECTOR BEING FAMILIAR WITH OPERATIONS AND HOW OPERATIONS IMPACT THE BOARD MEMBERS AND VISA VERSE MONITORS FOR ANY POTENTIAL CONFLICTS ONCE A YEAR AS PART OF THE BOARD MEETING AGENDA, EACH BOARD MEMBER'S RESPONSIBILITIES, INCLUDING THE EXECUTIVE DIRECTOR'S, ARE DISCUSSED, BOTH INSIDE AND OUTSIDE THE MISSION ARE TO IDENTIFY ANY POTENTIAL CONFLICTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED USING A SALARY SURVEY FROM THE ASSOCIATION OF GOSPEL RESCUE MISSIONS AND IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PAGE 6, PART VI, LINE 15B | THE EXECUTIVE DIRECTOR OBTAINS A SALARY SURVEY FROM THE ASSOCIATION OF GOSPEL RESCUE MISSIONS AND USES THE SURVEY TO ASSIST IN DETERMINING COMPENSATION OF ALL KEY STAFF ALL KEY STAFF COMPENSATION IS DISCUSSED AND APPROVED ANNUALLY IN A BOARD MEETING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PAGE 6, PART VI, LINE 19  | GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST WITH THE FORM 990 AVAILABLE BY REQUEST AND ON GUIDESTAR'S WEBSITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |