efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196010809

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
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Doing business as
OLYMPIA UNION GOSPEL MISSION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 7668

City or town, state or province, country, and ZIP or foreign postal code
OLYMPIA, WA 985077668

D Employer identification number
91-1680748

E Telephone number
(360) 709-9725

G Gross receipts $ 2,832,928

F Name and address of principal officer
LOREN STEFFEN
PO BOX 7668
OLYMPIA, WA 985077668

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW OUGM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	230
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,855
b	Net unrelated business taxable income from Form 990-T, line 34	7b	8,108

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,106,029	2,755,321
	9	Program service revenue (Part VIII, line 2g)	5,770	800
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,389	10,163
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,655	13,085
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,108,533	2,779,369
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	543,218	1,020,440
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	664,239	825,774
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶191,378		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	616,227	670,771
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,823,684	2,516,985
	19	Revenue less expenses Subtract line 18 from line 12	284,849	262,384
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,764,881	3,709,796
	21	Total liabilities (Part X, line 26)	656,764	329,290
	22	Net assets or fund balances Subtract line 21 from line 20	3,108,117	3,380,506

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

****** 2019-07-15
Signature of officer Date

LOREN STEFFEN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LOIS VANKAT	LOIS VANKAT	2019-07-15		P00096434

Firm's name ▶ SHANNON & ASSOCIATES LLP — Firm's EIN ▶ 91-1125800

Firm's address ▶ 1851 CENTRAL PLACE SOUTH SUITE 225
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 $ 1,798,057 including grants of $ 1,020,440) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 267,061 including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 101,791 including grants of $) (Revenue $ 800)

See Additional Data

(Code) (Expenses $ 90,019 including grants of $) (Revenue $)

MEN'S DRUG AND ALCOHOL RECOVERY PROGRAM MEN'S RECOVERY THE PROGRAM IS DESIGNED TO PROVIDE SUPPORT FOR MEN IN ADDITCTION RECOVERY DURING THE RECOVERY PROCESS THE FOLLOWING SERVICES ARE IN PLACE 1 HOUSING FOR UP TO 6 FORMERLY HOMELESS MEN IN A MULTI-BEDROOM HOUSE WITH A HOUSE LEADER 2 PROVIDE DRUG AND ALCOHOL RECOVERY SERVICES USING THE "GENESIS" PROCESS 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 = 16 MEN'S TRANSITIONAL LIVING AFTER GRADUATION, THE MORE TIME MEN CAN SPEND ASSOCIATED WITH THE MISSION FOR ACCOUNTABILITY AND MENTORING, THE GREATER THE LIKELIHOOD OF LONG-TERM SUCCESS IN LIFE THE MISSION PROVIDES RENTAL HOUSING AT BELOW MARKET RATES OR EXTENDS THE LENGTH OF STAY IN RECOVERY HOUSING TO ACCOMMODATE THE NEEDS OF THE MEN WHEN POSSIBLE, THE MISSION OFFERS PART-TIME EMPLOYMENT IS SUCH AREAS AS JANITORIAL, FOOD SERVICE, AND CAMPUS PATROLLING IN AN EFFORT TO PROVIDE THE MEN WITH A SMALL AMOUNT OF SPENDING MONEY AND SO THEY CAN FEEL GOOD ABOUT BEING ABLE TO PAY THEIR WAY CLIENTS SERVED = 8

4d Other program services (Describe in Schedule O)
(Expenses $ 90,019 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,256,928

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	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 . .	**1a**	3			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	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)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — **1a** 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent — **1b** 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶LOREN STEFFEN 1401 EASTVIEW CT NW OLYMPIA, WA 98502 (360) 943-6252

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDREW CHRISTENSEN PRESIDENT	6 00	X		X				0	0	0
(2) JACK OLSON TREASURER	2 00	X		X				0	0	0
(3) ROBIN WADSWORTH BOARD MEMBER	4 00	X						0	0	0
(4) TIM LANGAN SECRETARY	2 00	X		X				0	0	0
(5) LOREN STEFFEN EXECUTIVE DI	32 00			X				17,722	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	17,722		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 87,401				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,667,920				
	g Noncash contributions included in lines 1a-1f $ 1,020,440					
	h **Total.** Add lines 1a-1f ▶		2,755,321			

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
	2a PROGRAM SERVICE REVENUE	531110	800	800		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		800			

Other Revenue		(i)	(ii)	(A)	(B)	(C)	(D)
	3 Investment income (including dividends, interest, and other similar amounts) ▶			9,913			9,913
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents	35,660					
	b Less rental expenses	22,805					
	c Rental income or (loss)	12,855					
	d Net rental income or (loss) ▶			12,855		12,855	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	250					
	b Less cost or other basis and sales expenses						
	c Gain or (loss)	250					
	d Net gain or (loss) ▶			250	250		
	8a Gross income from fundraising events (not including $ 87,401 of contributions reported on line 1c) See Part IV, line 18 . . . . a		26,719				
	b Less direct expenses . . . b		30,754				
	c Net income or (loss) from fundraising events ▶			-4,035			-4,035
	9a Gross income from gaming activities See Part IV, line 19 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances . . a		4,265				
	b Less cost of goods sold . . b						
	c Net income or (loss) from sales of inventory ▶			4,265			4,265
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶						
	12 **Total revenue.** See Instructions ▶			2,779,369	1,050	12,855	10,143

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,020,440	1,020,440		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,070	14,749	6,321	
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	704,850	555,933	70,292	78,625
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	99,854	78,446	10,808	10,600
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,301		15,301	
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)	31,308	715	2,795	27,798
12 Advertising and promotion	13,748			13,748
13 Office expenses	49,764		4,103	45,661
14 Information technology				
15 Royalties . .				
16 Occupancy	137,184	119,419	10,531	7,234
17 Travel	19,643	5,791	13,852	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	9,022	9,022		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	78,331	78,331		
23 Insurance . . .	18,557		18,557	
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	129,463	112,286	17,177	
b MEALS	91,049	90,535	514	
c CLIENT ASSISTANCE	37,811	37,811		
d MISCELLANEOUS	23,843	12,567	9,778	1,498
e All other expenses	15,747	120,883	-111,350	6,214
25 **Total functional expenses.** Add lines 1 through 24e	2,516,985	2,256,928	68,679	191,378
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			61,553	1	82,251
	2	Savings and temporary cash investments			930,413	2	463,278
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,928	4	3,797
	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	3,476,946			
	b	Less accumulated depreciation	10b	615,770	2,523,038	10c	2,861,176
	11	Investments—publicly traded securities			244,449	11	298,794
	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)			3,764,881	16	3,709,796
Liabilities	17	Accounts payable and accrued expenses			136,614	17	4,129
	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			336,133	22	320,916
	23	Secured mortgages and notes payable to unrelated third parties			180,177	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			3,840	25	4,245
	26	**Total liabilities.** Add lines 17 through 25			656,764	26	329,290
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			3,082,964	27	3,276,162
	28	Temporarily restricted net assets			25,153	28	104,344
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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			3,108,117	33	3,380,506
	34	Total liabilities and net assets/fund balances			3,764,881	34	3,709,796

Part XI Reconcilliation 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	2,779,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,516,985
3	Revenue less expenses Subtract line 2 from line 1	3	262,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,108,117
5	Net unrealized gains (losses) on investments	5	10,005
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	3,380,506

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 ☐ Cash ☐ Accrual ☑ Other HYBRID 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 91-1680748

Name: UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Form 990 (2017)

Form 990, Part III, Line 4a:

STREET MINISTRY I CHRISTIAN BIBLE STUDY 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 (2 TO 3 TIMES WEEKLY) BIBLE STUDY PROVIDES AN OPPORTUNITY FOR MEN AND WOMEN TO MEET AND STUDY GOD'S WORD AS IT APPLIES TO OVERCOMING ADDICTION AND OTHER LIFE ISSUES THAT ARE HOLDING THEM HOSTAGE THE GOAL IS TO ASSIST THE MEN AND WOMEN TO REALIZE THEIR POTENTIAL AND OVERCOME THEIR PAST 1 PROVIDE CHRIST CENTERED 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 = 628 II CHRISTIAN COUNSELING OR MENTORING TO PROVIDE BIBLICAL BASED COUNSELING TO INDIVIDUALS FACING DIFFICULT ISSUES / DECISIONS IN THEIR LIVES SESSIONS = 208 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 AN 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 FROM LIFE ON THE STREET 1 PROVIDE A NUTRITIOUS HOT LUNCH TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AN 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 AN 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 = 117,446 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 = 48,241 V OVERNIGHT SHELTER FOR MEN, WOMEN AND FAMILIES THE MISSION OPENS THE DAY CENTER FOR OVERNIGHT SHELTER AT 8 00PM AND ALLOWS CLIENTS TO SLEEP UNTIL 4 30AM THE FOLLOWING DAY THE SHELTER IS STAFFED BY ONE MISSION EMPLOYEE AND TWO VOLUNTEERS FOAM MATS AND SLEEPING BAGS ARE PROVIDED FOR GUESTS THAT DO NOT COME WITH THEIR OWN CAMPING GEAR SECTIONS ARE DESIGNATED FOR MEN, WOMEN, AND FAMILIES WITH GENDER ASSOCIATED RESTROOMS APPROXIMATELY 55 GUESTS SPEND THE NIGHT OF WHICH ABOUT 30% ARE FEMALE NUMBER IN SHELTER = 22,200 VI 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 PERSONAL INTERVIEW WITH EACH REQUESTOR AS TO THEIR NEED 2 REVIEW THEIR NOTICE OR PRESCRIPTION TO 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 SEEK OPPORTUNITIES TO SHARE THE GOSPEL AND PRAY WITH THE PERSON CLIENTS SERVED = 632 VII RESIDENTIAL GOAL ORIENTED EMERGENCY SHELTER FOR SINGLE WOMEN STARTING IN MAY 2014, THE MISSION BEGAN OFFERING EMERGENCY CHELTHER TO SINGLE WOMEN WHO EXPRESSED A SINCERE DESIRE TO MOVE AWAY FROM THE STREETS SHELTHER IS OFFERED IN ONE MONTH INCREMENTS AND EXTENDED IF THE CLIENT IS MAKING A SINCERE EFFORT TO ADDRESS LIFE ISSUES, SEEK EMPLOYMENT OR SCHOOLING A TRAINED COUNSELOR IS ASSIGNED TO ASSIST THE CLIENTS AND MONITOR THEIR PROGRESS CLIENTS SERVED = 17 VIII "VEGOUT" PROGRAM THE MISSION RECEIVES MASSIVE AMOUNTS OF PRODUCE IN EXCESS OF ITS FOOD SERVICE PROGRAM NEEDS IN 2016, THE MISSION STAFF AND VOLUNTEERS UNDERTOOK A PROGRAM TO DELIVER FRESH FRUIT AND VEGETABLES TO CHILDREN LIVING IN LOW INCOME HOUSING DEVELOPMENTS DURING THE SUMMER TO AUGMENT THEIR MEALS WHEN THEY WERE NOT TRANSPORTED TO SCHOOL CAFETERIAS THE PROGRAM PROVED SO POPULAR THAT THE MISSION OPERATES IT ESSENTIALLY YEAR-ROUND PARTNERSHIPS HAVE ALSO BEEN DEVELOPED TO DELIVER PRODUCE TO TOGETHER, BOYS AND GIRLS CLUB, MERCY HOUSE AND GARFIELD ELEMENTARY SCHOOL CURRENTLY MISSION STAFF AND VOLUNTEERS DELIVER OVER 10,000 POUNDS OF PRODUCE MONTHLY NUMBER RECEIVING PRODUCE = 32,240

Form 990, Part III, Line 4b:

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 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 = 1,749 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 = 735

Form 990, Part III, Line 4c:

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, CONNECTION WITH A LOCAL EVANGELICAL CHURCH 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 = 15 SINGLE WOMEN AND WOMEN WITH CHILDREN, TRANSITIONAL HOUSING AFTER GRADUATION, THE MORE TIME WOMEN, AND THEIR CHILDREN, CAN SPEND ASSOCIATED WITH THE MISSION FOR ACCOUNTABILITY AND MENTORING, THE GREATER THE LIKELIHOOD OF LONG-TERM SUCCESS IN LIFE THE MISSION PROVIDES RENTAL HOUSING AT BELOW MARKET RATES OR EXTENDS THE LENGTH OF STAY IN RECOVERY HOUSING TO ACCOMMODATE THE NEEDS OF THE WOMEN AND CHILDREN WHEN POSSIBLE, THE MISSION OFFERS PART-TIME EMPLOYMENT IN SUCH AREAS AS JANITORIAL, FOOD SERVICE, AND CAMPUS PATROLLING, IN AN EFFORT TO PROVIDE THE WOMEN WITH A SMALL AMOUNT OF SPENDING MONEY AND SO THEY CAN FEEL GOOD ABOUT BEING ABLE TO PAY THEIR WAY CLIENTS SERVED = 9

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university ____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations ____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,412,240	1,676,287	1,708,059	2,106,029	2,755,321	9,657,936
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,412,240	1,676,287	1,708,059	2,106,029	2,755,321	9,657,936
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						9,657,936

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	1,412,240	1,676,287	1,708,059	2,106,029	2,755,321	9,657,936
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,791	2,411	3,799	7,044	9,913	26,958
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,917	3,219	10,471	5,062	8,108	38,777
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	60,439	45,795	38,261	16,900	30,984	192,379
11 **Total support.** Add lines 7 through 10						9,916,050

12 Gross receipts from related activities, etc (see instructions) | 12 | 800

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 97 400 %

15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 96 540 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2017.** 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—2016.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	FUNDRAISING, RENTAL INCOME, MISC 161,395

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
91-1680748

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ____________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	291,097	179,011			
b Contributions		100,000	175,000		
c Net investment earnings, gains, and losses	17,086	12,086	4,011		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	308,183	291,097	179,011		

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on 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		1,081,670		1,081,670
b Buildings		1,002,702	210,273	792,429
c Leasehold improvements		1,001,349	226,743	774,606
d Equipment		391,225	178,754	212,471
e Other				

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶ 2,861,176

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SECURITY DEPOSITS	4,245
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,245

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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,631,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	798,801		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	53,559		
e	Add lines **2a** through **2d**			2e	852,360
3	Subtract line **2e** from line **1**			3	2,779,369
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	2,779,369

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

1	Total expenses and losses per audited financial statements			1	3,369,345
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	798,801		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	53,559		
e	Add lines **2a** through **2d**			2e	852,360
3	Subtract line **2e** from line **1**			3	2,516,985
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	2,516,985

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-1680748

Name: UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE OBJECTIVE OF THE FUND IS TO BE A SUSTAINING FUND, THUS, THE INVESTMENTS ARE IN A DIVER SIFIED PORTFOLIO TO GENERATE MODEST RETURNS WHILE PROVIDING ANNUAL INCOME AND PRESERVING T HE FUND'S VALUE THE INVESTMENTS ARE COMPRISED OF MONEY MARKET FUNDS, EXCHANGE TRADED FUND S, AND MUTUAL FUNDS INCOME EARNED ON THE INVESTMENTS IS AVAILABLE FOR ANY USE WHILE DEPLE TION OF THE UNDERLYING INVESTMENTS MUST BE AUTHORIZED BY THE BOARD OF DIRECTORS

Supplemental 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 UNCERT AIN TAX POSITIONS THE TERM TAX POSITION INCLUDES, BUT IS NOT LIMITED TO, A DECISION NOT T O 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 MISSI ON 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, 2015 THROUGH 2018

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING DIRECT EXPENSES 30,754 UBI DIRECT EXPENSES 22,805

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING DIRECT EXPENSES 30,754 UBI DIRECT EXPENSES 22,805

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" on 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
91-1680748

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? Yes	No	(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
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" on 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 DENTAL CLINIC C (event type)	(b) Event #2 CLIENT GRADUATI (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	98,446	15,674		114,120
	2 Less Contributions	71,727	15,674		87,401
	3 Gross income (line 1 minus line 2)	26,719			26,719
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,016	250		7,266
	7 Food and beverages	700	7,414		8,114
	8 Entertainment	9,000			9,000
	9 Other direct expenses	5,874	500		6,374
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				30,754
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,035

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ____

a Is the organization licensed to conduct 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 ____

11 Does the organization conduct 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 conducted in

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

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ __________ and the amount of gaming revenue retained by the third party ▶ $ __________

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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," on 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*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 noncash assistance	**(h)** Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) DONATED FOOD AND CLOTHING	161546		1,020,440	FMV	FOOD & CLOTHING
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 IT REPRESENTS THE NUMBER OF CLIENTS RECEIVING CLOTHING, THE NUMBER OF MEALS SERVED AT THE DAY CENTER, AND RECEPIENTS OF FOOD THROUGH THE VEGOUT PROGRAM SOME INDIVIDUALS MAY HAVE UTILIZED THE MISSION'S SERVICES MORE THAN ONE TIME DURING THE YEAR 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.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
91-1680748

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) GENESIS ACRES LOAN - GRIFFITH	FORMER BOARD MEMBER		X		400,000	320,916		No	Yes		Yes	
Total				▶ $		320,916						

Part III **Grants or Assistance Benefiting 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*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
91-1680748

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		300,868	THRIFT SHOP 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, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	149,686	719,572	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 | 29 |

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

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF MEALS SERVED TO CLIENTS OF THE MISSION AND NUMBER OF RECIPIENTS RECEIVING FOOD THROUGH THE VEGOUT PROGRAM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196010809

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNION GOSPEL MISSION ASSOCIATION OF OLYMPIA

Employer identification number
91-1680748

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS PROVIDE MEDICAL, DENTAL, AND VISION EXAMINATIONS AND SERVICES TO OUR CLIENTS IN ADDITION WE HAVE AN UNPAID, VOLUNTEER BOARD OF DIRECTORS PROVIDING MANAGEMENT OVERSIGHT AND OPERATIONAL GUIDANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	RECOVERY 3 BREAK CYCLES OF HOMELESSNESS AND/OR DEPENDENCY ON OTHER SOCIAL SERVICES 4 HEL P INDIVIDUALS TO CONNECT WITH A LOCAL CHRISTIAN BODY OF BELIEVERS NUMBER IN ATTENDANCE = 628 II CHRISTIAN COUNSELING OR MENTORING TO PROVIDE BIBLICAL BASED COUNSELING TO INDIVIDU ALS FACING DIFFICULT ISSUES / DECISIONS IN THEIR LIVES SESSIONS = 208 III LRC FOOD SERVI CE 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 B E MORE HEALTHY AND PRODUCTIVE 1 PROVIDE A NUTRITIOUS BREAKFAST TO DAY LABORERS OBTAINING WORK THROUGH TEMPORARY DAY JOBS 2 PROVIDE AN OPPORTUNITY TO SHARE THE GOSPEL THOUGH A DEV OTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEERS TO BUILD RELATI ONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDOM 4 PROVIDE AN O PPORTUNITY 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 FROM LIFE ON THE STREET 1 PROVIDE A NUTRITIOUS HOT LUNCH TO POOR AND HOMELESS INDIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AN OPPORTUNITY TO SHARE THE GOSPEL THOUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNT EERS TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KIN GDOM LRC DINNER PROGRAM THE EVENING DINNER PROGRAM PROVIDES A HOT NUTRITIOUS MEAL THE DI NNER IS ACCOMPANIED BY A MESSAGE 1 PROVIDE A NUTRITIOUS HOT MEAL TO POOR AND HOMELESS IN DIVIDUALS AS WELL AS CLIENTS OF MISSION PROGRAMS 2 PROVIDE AN OPPORTUNITY TO SHARE THE GO SPEL THOUGH A DEVOTIONAL SETTING 3 PROVIDE AN OPPORTUNITY FOR MISSION STAFF AND VOLUNTEER S TO BUILD RELATIONSHIPS, WHICH WITH GOD'S HELP WILL LEAD TO BRINGING THEM INTO THE KINGDO M TOTAL FOOD SERVICE MEALS = 117,446 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 HE ALTHY RELATIONSHIPS BETWEEN CLIENTS, VOLUNTEERS AND STAFF 10 PROVIDE AN OPPORTUNITY FOR VO LUNTEER TEAMS TO WORK IN THE MISSION NUMBER OF VISITS = 48,241 V OVERNIGHT SHELTER FOR M EN, WOMEN AND FAMILIES THE MISSION OPENS THE DAY CENTER FOR OVERNIGHT SHELTER AT 8 00PM AN D ALLOWS CLIENTS TO SLEEP UNTIL 4 30AM THE FOLLOWING DAY THE SHELTER IS STAFFED BY ONE MI SSION EMPLOYEE AND TWO VOLUNTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ERS FOAM MATS AND SLEEPING BAGS ARE PROVIDED FOR GUESTS THAT DO NOT COME WITH THEIR OWN C AMPING GEAR SECTIONS ARE DESIGNATED FOR MEN, WOMEN, AND FAMILIES WITH GENDER ASSOCIATED R ESTROOMS APPROXIMATELY 55 GUESTS SPEND THE NIGHT OF WHICH ABOUT 30% ARE FEMALE NUMBER IN SHELTER = 22,200 VI 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-OF F OR EVICTION MONEY IS ALSO MADE AVAILABLE TO PAY FOR PRESCRIPTION DRUGS SUCH AS ANTIBIOT ICS (NO NARCOTICS) 1 PERSONAL INTERVIEW WITH EACH REQUESTOR AS TO THEIR NEED 2 REVIEW TH EIR NOTICE OR PRESCRIPTION TO DETERMINE AS BEST AS POSSIBLE WHERE GOD IS IN THEIR CIRCUMST ANCES 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 APPOINTMEN TS, ETC 4 SEEK OPPORTUNITIES TO SHARE THE GOSPEL AND PRAY WITH THE PERSON CLIENTS SERVED = 632 VII RESIDENTIAL GOAL ORIENTED EMERGENCY SHELTER FOR SINGLE WOMEN STARTING IN MAY 2 014, THE MISSION BEGAN OFFERING EMERGENCY CHELTHER TO SINGLE WOMEN WHO EXPRESSED A SINCERE DESIRE TO MOVE AWAY FROM THE STREETS SHELTHER IS OFFERED IN ONE MONTH INCREMENTS AND EXT ENDED IF THE CLIENT IS MAKING A SINCERE EFFORT TO ADDRESS LIFE ISSUES, SEEK EMPLOYMENT OR SCHOOLING A TRAINED COUNSELOR IS ASSIGNED TO ASSIST THE CLIENTS AND MONITOR THEIR PROGRES S CLIENTS SERVED = 17 VIII "VEGOUT" PROGRAM THE MISSION RECEIVES MASSIVE AMOUNTS OF PROD UCE IN EXCESS OF ITS FOOD SERVICE PROGRAM NEEDS IN 2016, THE MISSION STAFF AND VOLUNTEERS UNDERTOOK A PROGRAM TO DELIVER FRESH FRUIT AND VEGETABLES TO CHILDREN LIVING IN LOW INCOM E HOUSING DEVELOPMENTS DURING THE SUMMER TO AUGMENT THEIR MEALS WHEN THEY WERE NOT TRANSPO RTED TO SCHOOL CAFETERIAS THE PROGRAM PROVED SO POPULAR THAT THE MISSION OPERATES IT ESSE NTIALLY YEAR-ROUND PARTNERSHIPS HAVE ALSO BEEN DEVELOPED TO DELIVER PRODUCE TO TOGETHER, BOYS AND GIRLS CLUB, MERCY HOUSE AND GARFIELD ELEMENTARY SCHOOL CURRENTLY MISSION STAFF AND VOLUNTEERS DELIVER OVER 10,000 POUNDS OF PRODUCE MONTHLY NUMBER RECEIVING PRODUCE = 3 2,240

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	3 ESTABLISH RELATIONSHIPS WITH CLIENTS AND SHARE THE GOSPEL PATIENT VISITS = 1,749 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 = 735

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	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 = 15 SINGLE WOMEN AND WOMEN WITH CHILDREN, TRANSITIONAL HOUSING AFTER GRADUATION, THE MORE TIME WOMEN, AND THEIR CHILDREN, CAN SPEND ASSOCIATED WITH THE MISSION FOR ACCOUNTABILITY AND MENTORING, THE GREATER THE LIKELIHOOD OF LONG-TERM SUCCESS IN LIFE THE MISSION PROVIDES RENTAL HOUSING AT BELOW MARKET RATES OR EXTENDS THE LENGTH OF STAY IN RECOVERY HOUSING TO ACCOMMODATE THE NEEDS OF THE WOMEN AND CHILDREN WHEN POSSIBLE, THE MISSION OFFERS PART-TIME EMPLOYMENT IN SUCH AREAS AS JANITORIAL, FOOD SERVICE, AND CAMPUS PATROLLING, IN AN EFFORT TO PROVIDE THE WOMEN WITH A SMALL AMOUNT OF SPENDING MONEY AND SO THEY CAN FEEL GOOD ABOUT BEING ABLE TO PAY THEIR WAY CLIENTS SERVED = 9

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	MEN'S DRUG AND ALCOHOL RECOVERY PROGRAM MEN'S RECOVERY THE PROGRAM IS DESIGNED TO PROVIDE SUPPORT FOR MEN IN ADDITCTION RECOVERY DURING THE RECOVERY PROCESS THE FOLLOWING SERVICES ARE IN PLACE 1 HOUSING FOR UP TO 6 FORMERLY HOMELESS MEN IN A MULTI-BEDROOM HOUSE WITH A HOUSE LEADER 2 PROVIDE DRUG AND ALCOHOL RECOVERY SERVICES USING THE "GENESIS" PROCESS 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 = 16 MEN'S TRANSITIONAL LIVING AFTER GRADUATION, THE MORE TIME MEN CAN SPEND ASSOCIATED WITH THE MISSION FOR ACCOUNTABILITY AND MENTORING, THE GREATER THE LIKELIHOOD OF LONG-TERM SUCCESS IN LIFE THE MISSION PROVIDES RENTAL HOUSING AT BELOW MARKET RATES OR EXTENDS THE LENGTH OF STAY IN RECOVERY HOUSING TO ACCOMMODATE THE NEEDS OF THE MEN WHEN POSSIBLE, THE MISSION OFFERS PART-TIME EMPLOYMENT IS SUCH AREAS AS JANITORIAL, FOOD SERVICE, AND CAMPUS PATROLLING IN AN EFFORT TO PROVIDE THE MEN WITH A SMALL AMOUNT OF SPENDING MONEY AND SO THEY CAN FEEL GOOD ABOUT BEING ABLE TO PAY THEIR WAY CLIENTS SERVED = 8

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING DIRECT EXPENSES 30,754 UBI DIRECT EXPENSES 22,805 FUNDRAISING DIRECT EXPENSES -30,754 UBI DIRECT EXPENSES -22,805