

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning **JANUARY 1**, 2000, and ending **DECEMBER 31**, 2000

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

C Name of organization
CASCADE CHRISTIAN SERVICES

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
109 W. CHAMPION STREET

City or town, state or country, and ZIP code
BELLINGHAM, WA 98225-4323

D Employer identification number
911017868

E Telephone number
(360) 714-9355

F Check if application pending

G Organization type (check only one) 501(c) (**3**) (insert no.) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify) _____

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN): _____

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		17,317	
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>17,317</u> noncash \$ _____)	1d			17,317
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,644,558
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			4,197
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)	9				
Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b Less: direct expenses other than fundraising expenses	9b			
	9c				
	9c				
Net income or (loss) from special events (subtract line 9b from line 9a)	10a				
	b Less: cost of goods sold	10a			
	10b				
10c					
10c					
11 Other revenue (from Part VII, line 103)	11			19,183	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,685,256	
Expenses	13 Program services (from line 44, column (B))	13		1,187,707	
	14 Management and general (from line 44, column (C))	14		469,056	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1,656,763
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		28,493	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		675,366	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			703,858

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	1,114,752	845,832	268,920	
27	Pension plan contributions	11,264	4,316	6,949	
28	Other employee benefits	90,259	61,723	28,536	
29	Payroll taxes	142,691	113,432	29,259	
30	Professional fundraising fees				
31	Accounting fees	738		738	
32	Legal fees	1,079		1,079	
33	Supplies	42,348	28,674	13,674	
34	Telephone	15,178		15,178	
35	Postage and shipping	1,936		1,936	
36	Occupancy	53,292		53,292	
37	Equipment rental and maintenance	17,476	6,404	11,071	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	6,911	6,922		
41	Interest	167		167	
42	Depreciation, depletion, etc. (attach schedule)	46,937		46,937	
43	Other expenses (itemize) a ADVERTISING	5,772	3,013	2,759	
b	CLIENT ACTIVITIES	35,810	35,810		
c	ADMINISTRATIVE	14,176		14,176	
d	TRANSPORTATION	50,860	34,644	16,216	
e	OTHER	5,108		5,108	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,656,763	1,187,707	469,056	

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? CARE OF DEVELOPMENTALLY DISABLED	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a CARE OF DEVELOPMENTALLY DISABLED INDIVIDUALS AT CASCADE CHRISTIAN HOME, CRESTVIEW ADULT HOME AND CASCADE SUPPORTED LIVING TOTALING 25 INDIVIDUALS PLUS VOCATIONAL SERVICES FOR 25-30 ROTATING CLIENTS (Grants and allocations \$ _____)	1,187,707
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,187,707

Part IV Balance Sheets (See Specific Instructions on page 23.)

		(A)		(B)		
		Beginning of year		End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45 Cash—non-interest-bearing		80,538	45	66,555	
	46 Savings and temporary cash investments		26,303	46	66,527	
	47a Accounts receivable	47a	191,045			
	b Less: allowance for doubtful accounts	47b				
				143,293	47c	191,045
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b				
					48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule).	51a				
	b Less: allowance for doubtful accounts	51b				
					51c	
	52 Inventories for sale or use			507	52	2,123
	53 Prepaid expenses and deferred charges			9,218	53	4,333
	54 Investments—securities (attach schedule).				54	
	55a Investments—land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule).	55b					
				55c		
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment: basis	57a	1,000,374				
b Less: accumulated depreciation (attach schedule).	57b	-523,411				
			517,303	57c	476,963	
58 Other assets (describe ▶ _____)				58		
59 Total assets (add lines 45 through 58) (must equal line 74)			777,161	59	807,546	
Liabilities	60 Accounts payable and accrued expenses		78,335	60	82,029	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule).				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			23,460	64b	22,008
	65 Other liabilities (describe ▶ _____)				65	
	66 Total liabilities (add lines 60 through 65)			101,795	66	104,038
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			67		
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds			675,366	72	703,858
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19 and column (B) must equal line 21)			675,366	73	703,858
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			777,161	74	807,896

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements . . . ▶</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ _____</p> <p>(2) Donated services and use of facilities . . . \$ _____</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶</p>	<p>a Total expenses and losses per audited financial statements . . . ▶</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities . . . \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 . . . \$ _____</p> <p>(4) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) . . . ▶</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID CHARLESTON 2415 J ST. BELLINGHAM, WA 98225	PRESIDENT	-0-		
RANDY KNUTZEN 376 S PARK DR. LYNDEN, WA 98264	VICE PRESIDENT	-0-		
TODD RAWLS 3293 BERG RD. EVERSON, WA 98247	TREASURER	-0-		
RHONDA HOWARD 473 E POLE RD. LYNDEN, WA 98264	SECRETARY	-0-		
IKE HONCOOP 322 KWAZEN DR. LYNDEN, WA 98264	VICAR	-0-		
DARYL KOOY 908 LIBERTY ST. LYNDEN, WA 98264		-0-		
MARYLN WILSON 309 SUDDEN VALLEY BELLINGHAM, WA 98226		-0-		
ED DONAGHY 1011 PIEDMONT PL. BELLINGHAM, WA 98226		-0-		
CAROL HOWARD 3609 VERMONT ST. BELLINGHAM, WA 98226		-0-		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule—see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a _____			
b	Did the organization file Form 1120-POL for this year?	81b		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b _____			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members 85c _____			
d	Section 162(e) lobbying and political expenditures 85d _____			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g _____			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h _____			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a _____			
b	Gross receipts, included on line 12, for public use of club facilities 86b _____			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a _____			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b _____			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 _____			✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 89a _____; section 4912 _____; section 4955 _____			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. 89b _____			✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. _____			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. _____			
90a	List the states with which a copy of this return is filed _____			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.) 90b _____			
91	The books are in care of CASCADE CHRISTIAN SERVICES Telephone no (360) 714-9355 Located at 109 W. CHAMPION STREET, BELLINGHAM, WA ZIP code 98225-4323			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 _____			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RESIDENT RENT					77,929
b JANITORIAL SERVICE CONTRACTS					81,781
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,484,848
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,197	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a FOOD STAMPS					11,435
b MISC. SERVICE INCOME					7,748
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,197	1,663,742
105 Total (add line 104, columns (B), (D), and (E)).					1,667,938

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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.

15/15/2001 **George Beanblossom Jr., Executive Director**
 Date Type or print name and title
 _____ Date Check if sole Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CASCADE CHRISTIAN SERVICES

Employer identification number

91 : 1017868

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		✓
4a Do you have a section 403(b) annuity plan for your employees?	✓	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
 Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,00020% of the amount on line 40.	
	Over \$500,000 but not over \$1,000,000	\$.100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$.175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$.225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$.1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

CASCADE CHRISTIAN SERVICES
 DEPRECIATION SCHEDULE
 AGENCY - 2000

91-1017868

PURCHASED FROM:	PROPERTY	DATE ACQUIRED	COST	Line 57		LIFE	Line 42	
				DEPRECIATION PRIOR YEARS	REMAINING COST		DEPRECIATION THIS YEAR	
CapOne-Er	Computer	7/99	688.19	114.70	573.49	3	229.40	
AMEX-Cos	Printer	11/99	409.63	22.76	386.87	3	136.54	
GRAND TOTAL			1097.82	137.46	960.36		365.94	

CASCADE CHRISTIAN SERVICES
DEPRECIATION SCHEDULE
CASCADE CHRISTIAN HOME - 2000

91-1017868

PURCHASED FROM:	PROPERTY	DATE ACQUIRED	COST	Line 57		LIFE	Line 42
				DEPRECIATION PRIOR YEARS	REMAINING COST		DEPRECIATION THIS YEAR
	Land		75,569.00				
	Building	6/80	332,951.00	217,342.31	115,608.69	30	11,098.37
	Improve/Barn	1/80	7,133.00	4,759.06	2,373.94	30	237.77
	Renovation	1/83	938.00	569.24	368.76	28	33.50
	Renovation	1/94	8,277.00	4,905.44	3,371.56	27	306.56
	Bathroom Remodel	12/94	2,467.86	1,120.79	1,347.07	20	123.39
Ralph's	Bathroom Vinyl	6/99	1,440.21	56.01	1,384.20	15	96.01
Ralph's	Carpet	7/99	3,598.07	119.94	3,478.13	15	239.87
	TOTAL		356,805.14	228,872.78	127,932.36		12,135.47
	Shower Doors	2/89	783.33	783.33	0.00	7	0.00
	Dryer	10/89	398.81	398.81	0.00	7	0.00
		1/89	1,000.00	1,000.00	0.00	7	0.00
	T.V.	2/89	490.28	490.28	0.00	7	0.00
	2 Vacuumes	5/89	348.96	348.96	0.00	7	0.00
	Printer	2/90	592.90	592.90	0.00	7	0.00
	Bed	5/90	431.15	431.15	0.00	7	0.00
	Weed eater	6/90	375.12	375.12	0.00	7	0.00
	Computer	8/91	2,000.00	2,000.00	0.00	7	0.00
	Computer Unique	9/92	1,805.68	1,891.80	-86.14	7	-86.14
	Computer	11/93	1,691.38	1,490.16	201.22	7	201.22
	2 Comp & Monitors	12/93	330.00	330.00	0.00	2	0.00
	Vaccum Cleaner	1/94	366.52	366.52	0.00	2	0.00
	Freezer	1/94	435.46	435.46	0.00	5	0.00
	Okldata Printer	4/94	749.20	615.44	133.76	7	107.03
	Lawn Mower	5/94	202.59	202.59	0.00	2	0.00
	Carpet Cleaner	10/94	1,935.01	1,451.32	483.69	7	276.43
	Computer Software	10/94	1,030.00	875.55	154.45	5	154.45
	Printer GSX240	5/95	344.94	321.96	22.98	5	22.98
	Washer	10/95	440.85	374.73	66.12	5	66.12
	Epson Printer	10/95	43.28	43.28	0.00	3	0.00
	AST Computer	10/95	378.70	321.89	56.81	5	56.81
	Time Clock	12/95	640.00	373.34	266.66	7	91.43
	VCR	1/96	316.33	253.08	63.25	5	63.25
	GE Dryer	2/96	323.34	253.29	70.05	5	64.67
	TV	4/96	466.50	349.88	116.62	5	93.30
	Treadmill	8/96	2,186.00	1,066.99	1,119.01	7	312.29
	Cannon Calculator	10/96	67.90	40.66	27.24	5	13.58
	Crosley Refer	1/97	770.72	462.42	308.30	5	154.14
	Lawn Sweeper	5/97	395.00	210.67	184.33	5	79.00
	200 Pentium w/mon	2/98	1,299.00	454.65	844.35	5	259.80
Dewaard & Box	Dishwasher	3/99	1,073.93	178.99	894.94	5	214.79
AMEX-Future	Computer	3/99	651.30	108.55	542.75	5	130.26
Dewaard & Box	Refrigerator	6/99	901.50	105.18	796.33	5	180.30
Costco	Couch	7/99	862.39	71.87	790.52	5	172.48
Cap1-Home D	Lawn Mower	6/00	2,068.41		2,068.41	5	241.31
Cap1-Lehmanr	Washer	7/00	441.31		441.31	5	44.13
	TOTAL		28,637.77	19,070.80	9,566.97		2,913.62
	1991 Toyota Prvia	11/98	6,518.50	1,412.44	5,106.06	5	1,303.70
Pioneer Ford	1997 Ford Club Van	2/99	19,943.00	2,285.14	17,657.86	8	2,492.88
	TOTAL		26,461.50	3,697.58	22,763.92		3,796.58
	GRAND TOTAL		487,473.41	251,641.15	160,263.26		18,845.67

CSL

CASCADE CHRISTIAN SERVICES
DEPRECIATION SCHEDULE
CASCADE SUPPORTIVE LIVING - 2000

91-1017868

PURCHASED FROM:	PROPERTY	DATE ACQUIRED	COST	Line 57	REMAINING COST	LIFE	Line 42
				DEPRECIATION PRIOR YEARS			DEPRECIATION THIS YEAR
	Building	12/87	58,861.00	23,707.62	35,153.38	30	1,962.03
	Telephone	11/89	215.60	215.60	0.00	7	0.00
	Computer	8/91	2,000.00	2,000.00	0.00	7	0.00
	Copier	12/95	440.84	426.03	14.81	5	14.81
	Lawn Sweeper	5/97	132.14	70.42	61.72	5	26.40
AMEX-Future S	Computer	3/99	651.30	108.55	542.75	5	108.55
	TOTAL		3,439.88	2,820.59	619.29		149.75
	92 Dodge Caravan	6/97	8,943.49	4,620.70	4,322.79	5	1,788.60
	92 Ford Aerostar	12/97	9,677.43	4,032.27	5,645.16	5	1,935.49
	TOTAL		18,620.92	8,652.97	9,967.95		3,724.09
	GRAND TOTAL		80,921.80	35,181.18	45,740.62		5,835.87

CASCADE CHRISTIAN SERVICES
DEPRECIATION SCHEDULE
CRESTVIEW - 2000

91-1017868

PURCHASED FROM	PROPERTY	DATE ACQUIRED	COST	Line 57	REMAINING	LIFE	Line 42
				DEPRECIATION PRIOR YEARS	COST		DEPRECIATION THIS YEAR
	Land		24,950.00				
	Building	7/86	45,960.00	20,682.38	25,277.62	30	1,532.00
	Building	1/87	240,579.00	104,250.54	136,328.46	30	8,019.30
	Kitchen Remodel	3/98	9,028.25	906.18	8,122.07	19	475.17
City of Mt. V/Co	Basement Remodel	6/99	2,532.46	73.86	2,458.60	20	126.62
Express Electri	Electrical Improvemer	6/99	1,068.01	31.15	1,036.86	20	53.40
Builders Allianc	Siding/Painting	7/99	3,706.65	92.67	3,613.98	20	185.33
	TOTAL		302,874.37	126,036.78	176,837.59		10,391.83
	Desk	1/88	237.11	237.11	0.00	7	
	Typewriter	4/88	150.91	150.91	0.00	7	
	Mower	9/88	1,037.19	1,037.19	0.00	7	
	Equipment	8/88	268.75	268.75	0.00	7	
	Computer	2/88	9,412.38	9,412.38	0.00	7	
	Washer/Dryer	12/88	1,180.35	1,180.35	0.00	7	
	Furniture	8/88	1,256.67	1,256.67	0.00	7	
	Filing Cabinet	10/89	171.72	171.72	0.00	7	
	Computer Program	10/89	2,194.13	2,194.13	0.00	7	
	Printer	4/94	202.59	166.37	36.22	7	28.94
	Sofa	5/95	517.33	455.73	61.60	7	61.60
	Headboard/Bed JL	5/95	560.41	493.66	66.75	7	66.75
	Loveseat/Chair	6/95	776.00	674.38	101.62	7	101.62
	Printer	12/95	528.16	345.80	182.36	7	75.45
	Binding System	4/96	291.05	218.29	72.76	5	58.21
	Laminator	10/96	280.26	177.49	102.77	5	56.05
	Crosley Refrigerator	11/96	770.72	490.20	280.52	5	154.14
	TV 19" Color	12/96	208.03	128.21	79.82	5	41.61
	Ruud Water Heater	2/97	408.56	238.32	170.24	5	81.71
	Westnglse Freezer	4/97	490.49	269.77	220.72	5	98.10
	Kitchenaid d/washer	4/97	878.52	483.18	395.34	5	175.70
	Water Heat Booster	4/97	1,666.59	1,666.59	0.00	3	
	HP Printer	3/98	323.39	197.63	125.76	3	107.80
	Computer	4/98	493.60	287.93	205.67	3	164.53
CapOne-	L.R. Furniture	2/99	1,487.62	272.73	1,214.89	5	297.52
	Celeron Computer	4/99	-	-	-		
CapOne-	with monotor	4/99	572.95	114.48	458.47	3	190.98
Hardware Sale	Office Chairs	5/99	247.94	33.06	214.88	5	49.59
Office Depot	Scanner	5/99	359.94	46.92	313.02	3	119.98
Costco	Chair	7/99	344.50	34.45	310.05	5	68.90
Furniture City	D R Chairs	8/99	628.11	52.34	575.77	5	125.62
Anderson Appli	Stack Washer/Dryer	2/00	2,046.04	0.00	2,046.04	5	375.11
	TOTAL		29,992.01	22,756.75	7,235.26		2,499.92
	1995 Chev Van	6/95	33,503.66	17,383.04	16,120.62	10	3,350.37
	1992 Ford Aerostar	12/97	6,522.57	2,717.73	3,804.84	5	1,304.51
	TOTAL		40,026.23	20,100.77	19,925.46		4,654.88
	GRAND TOTAL		397,842.61	168,894.30	203,998.31		17,546.63

VOC

CASCADE CHRISTIAN SERVICES
DEPRECIATION SCHEDULE
VOCATIONAL - 2000

91-1017868

PURCHASED FROM	PROPERTY ADMINISTRATION	DATE ACQUIRED	COST	Line 57	REMAINING COST	LIFE	Line 42
				DEPRECIATION PRIOR YEARS			DEPRECIATION THIS YEAR
	Book Shelves	11/91	317.99	317.99	0 00	7	0.00
	Computer	8/91	1,207.35	1,207.35	0 00	7	0.00
	Printer	2/93	766.38	766.38	0 00	7	0.00
	Furniture	5/94	112.25	112.25	0 00	3	0.00
	Computer	10/95	378.70	208.33	170.37	5	75.74
	Increase Comp Mem	4/96	431.20	431.20	0 00	4	0.00
	Computer hard drive	7/97	304.00	228.00	76.00	4	76.00
	CPU w/Monitor	3/98	300.00	137.50	162.50	4	75.00
	Laptop Computer	2/98	350.00	213.89	136.11	3	116.67
Thomas Telecc	Phone System	12/99	3,837.68	45.69	3,791.99	7	548.24
	TOTAL - 42		8,005.55	3,668.57	4,336.98		891.65
JANITORIAL EQUIPMENT - FEDERAL BLDG							
	Billy Goat Hsekt	5/93	71.15	71.15	0 00	3	0.00
	Billy Goat 5 HP	5/93	539.00	539.00	0 00	3	0.00
	Portapac	5/93	355.74	355.74	0 00	3	0.00
	Lite Trac	5/93	474.32	474.32	0 00	3	0.00
	Typhoon 16/107"	5/93	997.15	997.15	0 00	3	0.00
	Speedshine 20"	5/93	1,342.11	1,342.11	0 00	3	0.00
	Speedshine 20"	7/93	1,342.11	1,342.11	0 00	3	0.00
BayCity	Lindhaus 15' Vac	2/99	503.97	153.99	349.98	3	167.99
	TOTAL-66		5,625.55	5,275.57	349.98		167.99
JANITORIAL EQUIPMENT - SUMAS							
BayCity	Lite Tract (2)	5/96	959.42	959.42	0.00	3.5	0.00
	Vaccum-Lindhaus 15"	7/99	503.96	83.99	419.97	3	167.99
	SUBTOTAL - 67		1,463.38	1,043.41	419.97		167.99
	1990 Ford Aerostar	9/96	7,894.25	5,076.85	2,815.40	5	789.43
	TOTAL - 67		9,357.63	6,122.26	3,235.37		957.41
JANITORIAL EQUIPMENT - LYNDEN							
	Lite Trac (trf-Sumas)	10/96				3	0.00
	Burnisher	11/96	1,195.63	1,195.63	0 00	3	0.00
	SUBTOTAL - 68		1,195.63	1,195.63	0 00		0.00
	1990 Ford Aerostar	10/96					789.43
	TOTAL - 68		1,195.63	1,195.63	0 00		789.43
JANITORIAL EQUIPMENT - NIGHT CREW							
	Vaccum Upnte	4/96	269.50	269.50	0 00	3.5	0.00
	Vaccum " (Current)	4/96	200.00	200.00	0 00	3.5	0.00
	Floor Sander/Janisch	3/98	800.00	250.54	549.46	5	160.00
	Sanitare Vac	4/98	175.00	102.09	72.91	3	58.33
	Vaccum - BayCity	12/00	131.40		131.40	3	3.65
	SUBTOTAL - 63/64		1,575.90	822.13	753.77		221.98
	1984 Chev Cargo Van	10/96	2,610.00	2,383.43	226.57	5	226.57
	TOTAL - 63/64		4,185.90	3,205.56	980.34		448.55
WTA							
	Portapac Vac w/kit	1/98	450.00	262.50	187.50	3	150.00
	Vac (Future Shop)	1/98	204.81	119.39	85.42	3	68.27
	TOTAL 61		654.81	381.89	272.92		218.27
BLAINE							
	Portapac w/kit	4/98	485.10	283.02	202.08	3	161.70
	Lite Trac Vaccum	4/98	490.49	286.12	204.37	3	163.50
BayCity	SpeedShine w/kit	12/99	1,128.67	286.12	842.55	3	376.22
BayCity	Vaccum-Lindhaus 15"	7/00	504.43		504.43	3	84.07
New Concept	27" Push Sweeper-Kie	7/00	502.55		502.55	3	83.76
	TOTAL69/70		3,111.24	855.25	2,255.99		869.25
GRAND TOTAL			32,136.31	20,704.74	11,431.57		4,342.55

CASCADE CHRISTIAN SERVICES
 NOTES PAYABLE SCHEDULE
 2000

91-1017868

PAYMENTS

Line 64b

LENDER	ORIGIAN LOAN \$	PRINCIPAL	INTEREST	BALANCE DUE	DATE OF NOTE	MATURITY DATE	REPAYMENT TERMS	INTEREST RATE	SECURITY PROVIDED	PURPOSE OF LOAN
John Otter	\$10,000.00	\$0.00	\$600.00	\$10,000.00	04/01/94	01/01/00	Quarterly pay	6.00%	Unsecured	Construction
Marion Otte	\$10,000.00	\$0.00	\$600.00	\$10,000.00	04/01/94	01/01/00	Quarterly pay	6.00%	Unsecured	Construction
Peoples St.	\$3,460.38	\$1,452.00	\$249.14	\$2,008.38	12/10/99	12/10/02	3yrs	9.00%	Unsecured	Telephone System