

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2000

Open to Public Inspection

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

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**, 20 00

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return	Please use IRS label or print or type See Specific Instructions	C Name of organization CASCADE CHRISTIAN SERVICES	D Employer identification number 91 : 1017868
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 109 W CHAMPION STREET	E Telephone number (360) 714-9355
		City or town state or country and ZIP code BELLINGHAM, WA 98225-4323	F Check <input type="checkbox"/> 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 \$ 17,317 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			
Revenue	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				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Unrelated business income (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	Membership and general (from line 44, column (C))	14		469,406
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Commissions (add lines 16 and 44, column (A))	17		1,657,113
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		28,143
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		675,694
	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		703,837

SCANNED JUN 5 2002

FOAF COINTEGRATED
MAY 2 2002
GENERAL INVESTMENT
OGDEN

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	6,922	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	5,458		5,458	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,657,113	1,187,707	469,406	

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)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year	
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		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) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			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	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		78,006	60	81,700
	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)		101,466	66	103,709	
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 checked="" 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		675,694	72	703,837
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)		675,694	73	703,837	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		777,161	74	807,546	

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

a Total revenue gains, and other support per audited financial statements ▶ **a**

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____

..... \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 12, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

..... \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total revenue per line 12, Form 990 (line c plus line d) ▶ **e**

a Total expenses and losses per audited financial statements ▶ **a**

b Amounts included on line a but not on line 17 Form 990

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify) _____

..... \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line a minus line b ▶ **c**

d Amounts included on line 17, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

..... \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total expenses per line 17 Form 990 (line c plus line d) ▶ **e**

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	85a		
a	Were substantially all dues nondeductible by members?	85b		
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			
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	86a		
a	Initiation fees and capital contributions included on line 12	86b		
b	Gross receipts included on line 12 for public use of club facilities			
87	501(c)(12) orgs	87a		
a	Gross income from members or shareholders	87b		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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 _____ 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 and enter the amount of tax-exempt interest received or accrued during the tax year			<input type="checkbox"/>

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

	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	
Enter gross amounts unless otherwise indicated					
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)

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, the information is true and correct. This declaration is based on all information of which preparer has any knowledge.

4/24/02 → George Beanblossom Jr, Executive Director
 Date Type or print name and title

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

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 IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	1,148,981	994,476	909,662	843,927	3,897,046
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	444,170	417,133	289,649	244,308	1,395,260
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,889	3,173	3,333	1,598	10,993
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	9,580	6,294	18,853	18,451	53,178
23 Total of lines 15 through 22	1,605,619	1,421,077	1,221,497	1,108,284	5,356,477
24 Line 23 minus line 17	1,161,449	1,003,944	931,848	863,976	3,961,217
25 Enter 1% of line 23	16,056	14,211	12,215	11,083	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 79,224
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 3,961,217
	d Add amounts from column (e) for lines 18 <u>10,993</u> 19 _____				26d 64,171
	22 <u>53,178</u> 26b _____				26e 3,897,046
	e Public support (line 26c minus line 26d total)				26f 98.4%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year.				
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
	c Add amounts from column (e) for lines 15 _____ 16 _____				27c
	17 _____ 20 _____ 21 _____				27d
	d Add line 27a total _____ and line 27b total _____				27e
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (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 401 through 405 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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 \$500,000	20% 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)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

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)

	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

- 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)

Yes	No	Amount

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	Line 57		LIFE	Line 42	
			COST	DEPRECIATION PRIOR YEARS		REMAINING COST	DEPRECIATION THIS YEAR
CapOne-E 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

CCH

CASCADE CHRISTIAN SERVICES
DEPRECIATION SCHEDULE
CASCADE CHRISTIAN HOME 2000

91-1017868

PURCHASED FROM	PROPERTY	DATE ACQUIRED	COST	Line 57	REMAINING	LIFE	Line 42
				DEPRECIATION PRIOR YEARS	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
	TV	2/89	490 28	490 28	0 00	7	0 00
	2 Vacuumes	5/89	348 96	348 96	0 00	7	0 00
	Pnnter	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 66	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
	Okidate 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
	Pnnter 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 Pnnter	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
Deward & 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
Deward & 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 Di	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	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 PROPERTY FROM	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 Improvermer	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
Westnghse 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	2046 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	LIFE	Line 42
				DEPRFCIATION PRIOR YEARS	COST		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	4/98	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 Teleco	Phone System	12/99	3 837 68	45 69	3 791 99	7	548 24
	TOTAL 42		8 005 55	3 688 57	4 336 98		891 65
JANITORIAL EQUIPMENT FEDERAL BLDG							
	Billy Goat Hsekl	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	Lindhau 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							
	Lite Tract (2)	5/96	959 42	959 42	0 00	3 5	0 00
BayCity	Vaccum-Lindhau 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	5 078 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	11/98	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	1128 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 Kle	7/00	502 55		502 55	3	83 78
	TOTAL69/70		3 111 24	855 25	2 255 99		889 25
GRAND TOTAL			32 136 31	20 704 74	11 431 57		4 342 55

CASCADE CHRISTIAN SERVICES
 NOTES PAYABLE SCHEDULE

91-1017868

2000

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 Otter	\$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