

**Return of Organization Exempt From Income Tax**

**2001**

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

**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 2001 calendar year, or tax year beginning JANUARY 1, 2001, and ending DECEMBER 31, 2001**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions

**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 + 4  
**BELLINGHAM, WA 98225-4323**

**D Employer identification number**  
**91.1017868**

**E Telephone number**  
**(360) 714-9355**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Web site** ▶ **www.caschrsv.org**

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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.

**H and I are not applicable to section 527 organizations**

**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 instructions.)

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

**I** Enter 4 digit GEN ▶

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,774,635**

**M Check** ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>28,434</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>28,434</b> noncash \$ _____)	<b>1d</b>		<b>28,434</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>1,730,104</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>4,313</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶ _____)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>11,784</b>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>1,774,635</b>	
<b>13</b>	Management and general services (from line 44, column (B))	<b>13</b>		<b>1,241,182</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>466,151</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>3,197</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<b>1,710,530</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>64,105</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>703,837</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>767,942</b>	

MAY 16 '02  
SCANNED

83  
RECEIVED  
APR 30 2002  
CODEN

0  
22

**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 21.)

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	1,142,817	873,479	269,338	
27	Pension plan contributions	14,550	7,099	7,451	
28	Other employee benefits	116,249	83,591	32,659	
29	Payroll taxes	136,843	109,959	26,884	
30	Professional fundraising fees				
31	Accounting fees	749		749	
32	Legal fees	79		79	
33	Supplies	42,875	32,126	10,749	
34	Telephone	13,547		13,547	
35	Postage and shipping	1,895		1,895	
36	Occupancy	48,266		48,266	
37	Equipment rental and maintenance	23,807	10,681	13,126	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	8,184	8,184		
41	Interest	297		297	
42	Depreciation depletion, etc (attach schedule)	45,380	45,380		
43	Other expenses not covered above (itemize) a ADVER	8,953	1,040	4,717	3,197
b	CLIENT ACTIVITIES	37,378	37,378		
c	ADMINISTRATIVE	15,332		15,332	
d	TRANSPORTATION	48,539	31,931	16,608	
e	OTHER	4,790	335	4,455	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-45	1,710,530	1,241,182	466,151	3,197

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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 24)**

What is the organization's primary exempt purpose? **CARE OF DEVELOPMENTALLY DISABLED**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	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 24 INDIVIDUALS PLUS VOCATIONAL SERVICES FOR 25-30 ROTATING CLIENTS (Grants and allocations \$ _____ )	1,241,182
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)	1,241,182

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		66,555	45	51,207
	46	Savings and temporary cash investments		66,527	46	171,430
	47a	Accounts receivable	47a 191,649			
	b	Less allowance for doubtful accounts	47b	191,045	47c	191,649
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b			
	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		2,123	52	1,199
	53	Prepaid expenses and deferred charges		4,333	53	3,521
	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 1,005,915			
	b	Less accumulated depreciation (attach schedule)	57b -568,791	476,963	57c	437,123
	58	Other assets (describe <input type="checkbox"/> )			58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		807,546	59	856,129	
Liabilities	60	Accounts payable and accrued expenses		81,700	60	88,187
	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)		22,008	64b	0
	65	Other liabilities (describe <input type="checkbox"/> )			65	
66	<b>Total liabilities</b> (add lines 60 through 65)		103,709	66	88,187	
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		703,837	72	767,942
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)		703,837	73	767,942
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		807,546	74	856,129

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 26)**

<b>a</b> Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	
<b>b</b> Amounts included on line a but not on line 12, Form 990	<b>b</b>	
<b>(1)</b> Net unrealized gains on investments \$ _____		
<b>(2)</b> Donated services and use of facilities \$ _____		
<b>(3)</b> Recoveries of prior year grants \$ _____		
<b>(4)</b> Other (specify) _____		
_____ \$ _____		
Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b>	
<b>c</b> Line a minus line b ▶	<b>c</b>	
<b>d</b> Amounts included on line 12, Form 990 but not on line a	<b>d</b>	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b> Other (specify) _____		
_____ \$ _____		
Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a</b>	
<b>b</b> Amounts included on line a but not on line 17, Form 990	<b>b</b>	
<b>(1)</b> Donated services and use of facilities \$ _____		
<b>(2)</b> Prior year adjustments reported on line 20 Form 990 \$ _____		
<b>(3)</b> Losses reported on line 20 Form 990 \$ _____		
<b>(4)</b> Other (specify) _____		
_____ \$ _____		
Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b>	
<b>c</b> Line a minus line b ▶	<b>c</b>	
<b>d</b> Amounts included on line 17, Form 990 but not on line a	<b>d</b>	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b> Other (specify) _____		
_____ \$ _____		
Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>	
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)**

(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
RANDY KNUTZEN 376 S PARK DR LYNDEN, WA 98264	PRESIDENT	-0-		
RHONDA HOWARD 473 E POLE RD LYNDEN, WA 98264	VICE PRESIDENT	-0-		
TODD RAWLS 3293 BERG RD EVERSON, WA 98247	TREASURER	-0-		
ED DONAGHY 1011 PIEDMONT PL BELLINGHAM, WA 98226	SECRETARY	-0-		
IKE HONCOOP 322 KWAZEN DR LYNDEN, WA 98264	VICAR	-0-		
DAVID CHARLESTON 2415 J ST BELLINGHAM, WA 98225		-0-		
DARYL KOOY 908 LIBERTY ST LYNDEN, WA 98264		-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 27

<b>Part VI Other Information</b> (See Specific Instructions on page 27)		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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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		
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		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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, 2001 (See instructions)	90b	79
91	The books are in care of <b>CASCADE CHRISTIAN SERVICES</b> Telephone no ( 360 ) 714-9355 Located at <b>109 W CHAMPION STREET, BELLINGHAM, WA</b> ZIP + 4 <b>98225-4323</b>		
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 32)

	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	
<b>93</b> Program service revenue					
<b>a</b> <b>RESIDENT RENT</b>					<b>66,542</b>
<b>b</b> <b>JANITORIAL SERVICE CONTRACTS</b>					<b>125,788</b>
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					<b>1,537,773</b>
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>4,313</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> <b>FOOD STAMPS</b>					<b>10,095</b>
<b>b</b> <b>MISC SERVICE INCOME</b>					<b>1,689</b>
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				<b>4,313</b>	<b>1,741,888</b>
<b>105</b> Total (add line 104 columns (B), (D) and (E))					<b>1,746,201</b>

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 32)

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)
93a	Resident's portion of cost of providing living accommodations
93b	Private Janitorial Projects providing jobs for the developmentally disabled
93g	Federal, State, and City Janitorial Projects providing jobs for the developmentally disabled
103a & b	Purchase of Food & Various small amounts used for residents

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 33)

- (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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date: 1/26/2002



**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<p>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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line 1 of Part VI-B)</p> <p>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</p>		✓
<p>2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p>		
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?		✓
3 Does the organization make grants for scholarships fellowships student loans etc? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees?	✓	

**Note** 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

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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)
- 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,199,527	1,147,585	994,476	909,662	4,251,251
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	473,783	444,231	417,133	289,649	1,624,797
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	4,197	2,889	3,173	3,333	13,592
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.	7,748	9,561	6,294	18,853	42,457
23 Total of lines 15 through 22	1,685,256	1,604,266	1,421,077	1,221,497	5,932,096
24 Line 23 minus line 17	1,211,472	1,160,035	1,003,944	931,848	4,307,299
25 Enter 1% of line 23	16,853	16,043	14,211	12,215	
<b>26 Organizations described on lines 10 or 11</b>	<b>a</b> Enter 2% of amount in column (e) line 24				<b>26a</b> 86,146
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> -0-
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 4,307,299
<b>d</b> Add: Amounts from column (e) for lines 18 <u>13,592</u> 19 <u>-0-</u> 22 <u>42,457</u> 26b <u>-0-</u>					<b>26d</b> 56,048
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 4,251,251
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.7 %
<b>27 Organizations described on line 12</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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). Do not file this list with your return. 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.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
.....		
.....		
.....		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs and scholarships?		
<b>d</b> 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 )		
.....		
.....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
.....		
.....		
.....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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 9 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b>		(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)	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—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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)	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 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 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 - 2001

91-1017868

PURCHASED FROM	PROPERTY	DATE ACQUIRED	COST	Line 57		LIFE	Line 42		
				DEPRECIATION PRIOR YEARS	REMAINING COST		DEPRECIATION THIS YEAR	YEARLY DEPRECIATION	
CapOne-Egghead	Computer	7/99	688 19	344 10	344 09	3	229 40	229 40	
AMEX-Costco	Printer	11/99	409 63	159 30	250 33	3	136 54	136 54	
GRAND TOTAL							594 42	365 94	365 94

CASCADE CHRISTIAN SERVICES  
DEPRECIATION SCHEDULE  
CASCADE CHRISTIAN HOME - 2001

CCH

91-1017868

PURCHASED FROM	PROPERTY	DATE ACQUIRED	COST	Line 57		LIFE	Line 42	
				DEPRECIATION PRIOR YEARS	REMAINING COST		DEPRECIATION THIS YEAR	YEARLY DEPRECIATION
	Land		75,569 00					
	Building	6/80	332,951 00	228,440 68	104,510 32	30	11,098 37	11,098 37
	Improve/Barn	1/80	7,133 00	4,996 83	2,136 17	30	237 77	237 77
	Renovation	1/83	938 00	602 74	335 26	28	33 50	33 50
	Renovation	1/94	8,277 00	5,212 00	3,065 00	27	306 56	306 56
	Bathroom Remodel	12/94	2,467 86	1,244 18	1,223 68	20	123 39	123 39
Ralph's	Bathroom Vinyl	6/99	1,440 21	152 02	1,288 19	15	96 01	96 01
Ralph's	Carpet	7/99	3,598 07	359 81	3,238 26	15	239 87	239 87
	TOTAL		356,805 14	241,008 26	115,796 88		12,135 47	12,135 47
	Shower Doors	2/89	783 33	783 33	0 00	7	0 00	111 90
	Dryer	10/89	398 81	398 81	0 00	7	0 00	56 97
		1/89	1,000 00	1,000 00	0 00	7	0 00	142 86
	T V	2/89	490 28	490 28	0 00	7	0 00	70 04
	2 Vacuumes	5/89	348 96	348 96	0 00	7	0 00	49 85
	Printer	2/90	592 90	592 90	0 00	7	0 00	84 70
	Bed	5/90	431 15	431 15	0 00	7	0 00	61 59
	Weed eater	6/90	375 12	375 12	0 00	7	0 00	53 59
	Computer	8/91	2,000 00	2,000 00	0 00	7	0 00	285 71
	Computer Unique	9/92	1,805 66	1,805 66	0 00	7	0 00	257 95
	Computer	11/93	1,691 38	1,691 38	0 00	7	0 00	241 63
	2 Comp & Monitors	12/93	330 00	330 00	0 00	2	0 00	165 00
	Vaccum Cleaner	1/94	366 52	366 52	0 00	2	0 00	183 26
	Freezer	1/94	435 46	435 46	0 00	5	0 00	87 09
	Okidate Printer	4/94	749 20	722 47	26 73	7	26 73	107 03
	Lawn Mower	5/94	202 59	202 59	0 00	2	0 00	101 30
	Carpet Cleaner	10/94	1,935 01	1,727 75	207 26	7	207 26	276 43
	Computer Software	10/94	1,030 00	1,030 00	0 00	5	0 00	206 00
	Printer GSX240	5/95	344 94	344 94	0 00	5	0 00	68 99
	Washer	10/95	440 85	440 85	0 00	5	0 00	88 17
	Epson Printer	10/95	43 28	43 28	0 00	3	0 00	0 00
	AST Computer	10/95	378 70	378 70	0 00	5	0 00	75 74
	Time Clock	12/95	640 00	464 77	175 23	7	91 43	91 43
	VCR	1/96	316 33	316 33	0 00	5	0 00	63 27
	GE Dryer	2/96	323 34	317 96	5 38	5	5 38	64 67
	TV	4/96	466 50	443 18	23 32	5	23 32	93 30
	Treadmill	8/96	2,186 00	1,379 28	806 72	7	312 29	312 29
	Cannon Calculator	10/96	67 90	54 24	13 66	5	13 66	13 58
	Crosley Refer	1/97	770 72	616 56	154 16	5	154 16	154 14
	Lawn Sweeper	5/97	395 00	289 67	105 33	5	79 00	79 00
	200 Pentium w/mon	2/98	1,299 00	714 45	584 55	5	259 80	259 80
Dewaard & Bodt	Dishwasher	3/99	1,073 93	393 78	680 15	5	214 79	214 79
AMEX-Future SI	Computer	3/99	651 30	238 81	412 49	5	130 26	130 26
Dewaard & Bodt	Refrigerator	6/99	901 50	285 48	616 03	5	180 30	180 30
Costco	Couch	7/99	862 39	244 35	618 04	5	172 48	172 48
Cap1-Home Dep	Lawn Mower	6/00	2,068 41	241 31	1,827 10	5	413 68	413 68
Cap1-Lehmann's	Washer	7/00	441 31	44 13	397 18	5	88 26	88 26
	TOTAL		28,637 77	21,984 43	6,653 34		2,372 79	5,107 04
	1991 Toyota Prva	11/98	6,518 50	2,716 14	3,802 36	5	1,303 70	1,303 70
Pioneer Ford	1997 Ford Club Van	2/99	19,943 00	4,778 02	15,164 98	8	2,492 88	2,492 88
	TOTAL		26,461 50	7,494 16	18,967 34		3,796 58	3,796 58
	GRAND TOTAL		487,473 41	270,486 84	141,417 57		18,304 83	21,039 08

CSL

91-1017868

CASCADE CHRISTIAN SERVICES  
 DEPRECIATION SCHEDULE  
 CASCADE SUPPORTIVE LIVING - 2001

PURCHASED FROM	PROPERTY	DATE ACQUIRED	COST	Line 57		REMAINING COST	LIFE	Line 42	
				DEPRECIATION PRIOR YEARS	DEPRECIATION THIS YEAR			DEPRECIATION THIS YEAR	YEARLY DEPRECIATION
	Building	12/87	58,861 00	25,669 65	33,191 35	30	1,962 03	1,962 03	1,962 03
	Telephone	11/89	215 60	215 60	0 00	7	0 00	0 00	30 80
	Computer	8/91	2,000 00	2,000 00	0 00	7	0 00	0 00	285 71
	Copier	12/95	440 84	440 84	0 00	5	0 00	0 00	88 17
	Lawn Sweeper	5/97	132 14	96 82	35 32	5	26 40	26 40	26 43
	Computer	3/99	651 30	217 10	434 20	5	130 26	130 26	130 26
	TOTAL		3,439 88	2,970 35	469 53		156 66	156 66	561 37
	92 Dodge Caravan	6/97	8,943 49	6,409 30	2,534 19	5	1,788 70	1,788 70	1,788 70
	92 Ford Aerostar	12/97	9,677 43	5,967 76	3,709 67	5	1,935 49	1,935 49	1,935 49
	TOTAL		18,620 92	12,377 06	6,243 86		3,724 18	3,724 18	3,724 18
	GRAND TOTAL		80,921 80	41,017 06	39,904 74		5,842 87	5,842 87	6,247 59

CASCADE CHRISTIAN SERVICES  
DEPRECIATION SCHEDULE  
CRESTVIEW - 2001

CV 91-1017868

PURCHASE FROM	PROPERTY ACQUIRED	DATE ACQUIRED	Line 57		LIFE	Line 42		
			COST	DEPRECIATED PRIOR YEARS		REMAINING COST	DEPRECIATED THIS YEAR	YEARLY DEPRECIATION
	Land		24,950 00					
	Building	7/86	45,960 00	22,214 38	23,745 62	30	1,532 00	1,532 00
	Building	1/87	240,579 00	112,269 84	128,309 16	30	8,019 30	8,019 30
	Kitchen Remo	3/98	9,028 25	1,381 35	7,646 90	19	475 17	475 17
City of Mt V/C	Basement Re	6/99	2,532 46	200 48	2,331 98	20	126 62	126 62
Express Elec	Electrical Imp	6/99	1,068 01	84 55	983 46	20	53 40	53 40
Builders Allia	Siding/Paintir	7/99	3,706 65	278 00	3,428 65	20	185 33	185 33
Carpet Excha	Carpet	10/01	5,541 33		5,541 33	15	92 36	369 42
	TOTAL		308,415 70	136,428 60	171,987 10		10,484 18	10,761 25
	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/Drye	12/88	1,180 35	1,180 35	0 00	7		
	Furniture	8/88	1,256 67	1,256 67	0 00	7		
	Filing Cabine	10/89	171 72	171 72	0 00	7		
	Computer Prc	10/89	2,194 13	2,194 13	0 00	7		
	Printer	4/94	202 59	195 31	7 28	7	7 28	28 94
	Sofa	5/95	517 33	517 33	0 00	7	0 00	73 90
	Headboard/B	5/95	560 41	560 41	0 00	7	0 00	80 06
	Loveseat/Cha	6/95	776 00	776 00	0 00	7	0 00	110 86
	Printer	12/95	528 16	421 25	106 91	7	75 45	75 45
	Binding Syste	4/96	291 05	276 50	14 55	5	14 55	58 21
	Laminator	10/96	280 26	233 54	46 72	5	46 72	56 05
	Crosley Refri	11/96	770 72	644 34	126 38	5	126 38	154 14
	TV 19" Color	12/96	208 03	169 82	38 21	5	38 21	41 61
	Ruud Water h	2/97	408 56	320 03	88 53	5	81 71	81 71
	Westnghse F	4/97	490 49	367 87	122 62	5	98 10	98 10
	Kitchenaid dA	4/97	878 52	658 88	219 64	5	175 70	175 70
	Water Heat B	4/97	1,666 59	1,666 59	0 00	3		139 02
	HP Pnnter	3/98	323 39	305 43	17 96	3	17 96	107 80
	Computer	4/98	493 60	452 46	41 14	3	41 14	164 53
CapOne-	L R Furniture	2/99	1,487 62	570 25	917 37	5	297 52	297 52
	Celeron Com	4/99	-	-	-			
CapOne-	with monit	4/99	572 95	305 46	267 49	3	190 98	190 98
Hardware Sal	Office Chairs	5/99	247 94	82 65	165 29	5	49 59	49 59
Office Depot	Scanner	5/99	359 94	166 90	193 04	3	119 98	119 98
Costco	Chair	7/99	344 50	103 35	241 15	5	68 90	68 90
Furniture City	D R Chairs	8/99	628 11	177 96	450 15	5	125 62	125 62
Anderson Apj	Stack Washe	2/00	2046 04	375 11	1,670 93	5	409 21	409 21
Electronics S	Computer	11/00	902 01	0 00	902 01	3	300 67	300 67
	TOTAL		30,894 02	25,256 66	5,637 36		2,285 68	3,008 56
	1995 Chev V.	6/95	33,503 66	20,733 41	12,770 25	10	3,350 37	3,350 37
	1992 Ford Ae	12/97	6,522 57	4,022 24	2,500 33	5	1,304 51	1,304 51
	TOTAL		40,026 23	24,755 65	15,270 58		4,654 88	4,654 88
	GRAND TOTAL		404,285 95	186,440 91	192,895 04		17,424 74	18,424 69

**CASCADE CHRISTIAN SERVICES  
DEPRECIATION SCHEDULE  
VOCATIONAL - 2001**

VOC

91-1017868

PURCHASED FROM	PROPERTY ADMINISTRATION	DATE ACQUIRED	COST	Line 57	REMAINING COST	LIFE	Line 42	YEARLY DEPRECIATION
				DEPRECIATION PRIOR YEARS			DEPRECIATION THIS YEAR	
	Book Shelves	11/91	317 99	317 99	0 00	7	0 00	45 43
	Computer	8/91	1,207 35	1,207 35	0 00	7	0 00	172 48
	Printer	2/93	766 38	766 38	0 00	7	0 00	109 48
	Furniture	5/94	112 25	112 25	0 00	3	0 00	37 42
	Computer	10/95	378 70	284 07	94 63	5	75 74	75 74
	Increase Comp Mem	4/96	431 20	431 20	0 00	4	0 00	107 80
	Computer hard drive	7/97	304 00	304 00	0 00	4	0 00	76 00
	CPU w/Monitor	3/98	300 00	212 50	87 50	4	75 00	75 00
	Laptop Computer	2/98	350 00	330 56	19 44	3	19 44	116 67
Thomas Telecc	Phone System	12/99	3,837 68	593 93	3,243 75	7	548 24	548 24
	TOTAL - 42		8,005 55	4,560 22	3,445 33		718 42	1,364 25
	<u>JANITORIAL EQUIPMENT - FEDERAL BLDG</u>							
	Billy Goat Hsekt	5/93	71 15	71 15	0 00	3	0 00	23 72
	Billy Goat 5 HP	5/93	539 00	539 00	0 00	3	0 00	179 67
	Portapac	5/93	355 74	355 74	0 00	3	0 00	118 58
	Lite Trac	5/93	474 32	474 32	0 00	3	0 00	158 11
	Typhoon 16/107"	5/93	997 15	997 15	0 00	3	0 00	332 38
	Speedshine 20"	5/93	1,342 11	1,342 11	0 00	3	0 00	447 37
	Speedshine 20"	7/93	1,342 11	1,342 11	0 00	3	0 00	447 37
BayCity	Lindhaus 15" Vac	2/99	503 97	321 98	181 99	3	167 99	167 99
	TOTAL-66		5,625 55	5,443 56	181 99		167 99	1,875 18
	<u>JANITORIAL EQUIPMENT - SUMAS</u>							
	Lite Tract (2)	5/96	959 42	959 42	0 00	3 5	0 00	274 12
BayCity	Vaccum-Lindhaus 15"	7/99	503 96	251 98	251 98	3	167 99	167 99
	SUBTOTAL - 67		1,463 38	1,211 40	251 98		167 99	442 11
	1990 Ford Aerostar	9/96	7,894 25	6,657 71	1,236 54	5	618 27	789 43
	TOTAL - 67		9,357 63	7,869 11	1,488 52		786 26	1,231 53
	<u>JANITORIAL EQUIPMENT - LYNDEN</u>							
	Lite Trac (trf-Sumas)	10/96				3	0 00	0 00
	Burnisher	11/96	1,195 63	1,195 63	0 00	3	0 00	398 54
	SUBTOTAL - 68		1,195 63	1,195 63	0 00		0 00	398 54
	1990 Ford Aerostar	10/96	Shared with Sumas				618 26	789 43
	TOTAL - 68		1,195 63	1,195 63	0 00		618 26	1,187 97
	<u>JANITORIAL EQUIPMENT - NIGHT CREW</u>							
	Vaccum Uprite	4/96	269 50	269 50	0 00	3 5	0 00	77 00
	Vaccum " (Current)	4/96	200 00	200 00	0 00	3 5	0 00	57 14
	Floor Sander/Janisch	3/98	800 00	410 54	389 46	5	160 00	160 00
	Sanitare Vac	4/98	175 00	160 42	14 58	3	14 58	58 33
	Vaccum - BayCity	12/00	131 40	3 65	127 75	3	43 80	43 80
	SUBTOTAL - 63/64		1,575 90	1,044 11	531 79		218 38	396 28
	1984 Chev Cargo Van	10/96	2,610 00	2,610 00	0 00	5	0 00	522 00
	TOTAL - 63/64		4,185 90	3,654 11	531 79		218 38	918 28
	<u>WTA</u>							
	Portapac Vac w/kit	1/98	450 00	412 50	37 50	3	37 50	150 00
	Vac (Future Shop)	1/98	204 81	187 66	17 15	3	17 15	68 27
	TOTAL 61		654 81	600 16	54 65		54 65	218 27
	<u>BLAINE</u>							
	Portapac w/kit	4/98	485 10	444 72	40 38	3	40 43	161 70
	Lite Trac Vaccum	4/98	490 49	449 62	40 87	3	40 87	163 50
BayCity	SpeedShine w/kit	12/99	1128 67	662 34	466 33	3	376 22	376 22
BayCity	Vaccum-Lindhaus 15"	7/00	504 43	84 07	420 36	3	168 14	168 14
New Concept	27" Push Sweeper-Kle	7/00	502 55	83 76	418 79	3	167 52	167 52
	TOTAL69/70		3,111 24	1,724 50	1,386 74		793 18	1,037 08
	GRAND TOTAL		32,136 31	25,047 30	7,089 01		3,357 15	7,832 56