

# Return of Organization Exempt from Income Tax

**2004**

Open to Public Inspection

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

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 **2004** calendar year, or tax year beginning **Nov 1**, **2004**, and ending **Oct 31**, **2005**

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

**C** Name of organization: **DENISE LOUIE EDUCATION CENTER**  
 Number and street (or P O box if mail is not delivered to street addr) Room/suite: **801 S LANE ST**  
 City, town or country: **SEATTLE** State: **WA** ZIP code + 4: **98104**

**D** Employer Identification Number: **91-1016974**

**E** Telephone number: **(206) 623-3790**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Web site: **N/A**

**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.

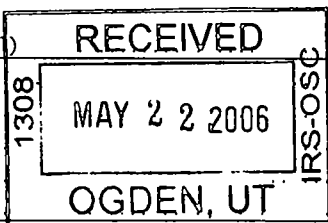
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **3,146,292**

**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** Group Exemption Number: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	709,914.		
	b	Indirect public support	1b	38,921.		
	c	Government contributions (grants)	1c	2,182,227.		
	d	Total (add lines 1a through 1c) (cash \$ <u>2,931,062.</u> noncash \$ <u>240,442.</u> )	1d		2,931,062.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		207,416.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		2,454.	
	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			
REVENUE	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
REVENUE	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
REVENUE	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11		5,360.	
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,146,292.	
EXPENSES	13	Program services (from line 44, column (B))	13		1,775,593.	
	14	Management and general (from line 44, column (C))	14		277,542.	
	15	Fundraising (from line 44, column (D))	15		40,372.	
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		2,093,507.	
ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,052,785.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		681,860.	
	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		1,734,645.	



SCANNED JUL 20 2006

**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

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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	169,667.	22,905.	0.
26	Other salaries and wages	26	1,029,669.	137,946.	0.
27	Pension plan contributions	27			
28	Other employee benefits	28	142,848.	18,458.	0.
29	Payroll taxes	29	153,489.	18,173.	0.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	54,927.	0.	0.
34	Telephone	34	15,745.	3,833.	0.
35	Postage and shipping	35			
36	Occupancy	36	155,530.	3,703.	0.
37	Equipment rental and maintenance	37	10,308.	0.	0.
38	Printing and publications	38	9,193.	5,243.	0.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	28,434.	0.	0.
43	Other expenses not covered above (itemize)				
a	ADVERTISING	43a	1,604.	0.	0.
b	INSURANCE	43b	21,133.	0.	0.
c	PROFESSIONAL FEES	43c	40,839.	26,358.	0.
d	REPAIRS/MAINTENANCE	43d	48,752.	37,505.	0.
e	See Other Expenses Stmt	43e	211,369.	152,181.	40,372.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,093,507.	1,775,593.	277,542.

**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**

What is the organization's primary exempt purpose? <input type="checkbox"/> PRE-SCHOOL EDUCATION	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a PRE-SCHOOL PROGRAMS FOR LOW-INCOME FAMILIES UNDER HEADSTART PROGRAM. THREE SITES SERVING OVER 180 CHILDREN. ASSIST FAMILIES IN LOCATING COMMUNITY SERVICES. (Grants and allocations \$ 0.)	1,775,593.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,775,593.

**Part IV Balance Sheets** (See Instructions)

**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	<b>45</b> Cash – non-interest-bearing	237,758.	<b>45</b>	265,829.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b> 332,554.		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	112,483.	<b>47c</b> 332,554.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges		1,300.	<b>53</b> 2,319.
	<b>54</b> Investments – securities (attach schedule)			<b>54</b>
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	LIABILITIES	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>	
<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55b</b>		<b>55c</b>
<b>56</b> Investments – other (attach schedule)				<b>56</b>
<b>57a</b> Land, buildings, and equipment, basis		<b>57a</b> 1,671,773.		
<b>b</b> Less accumulated depreciation (attach schedule) L-57 Stmt		<b>57b</b> 425,793.	253,696.	<b>57c</b> 1,245,980.
<b>58</b> Other assets (describe <input type="checkbox"/> See Line 58 Stmt )		182,585.	<b>58</b> 18,576.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		787,822.	<b>59</b> 1,865,258.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses		105,962.	<b>60</b> 130,613.
	<b>61</b> Grants payable			<b>61</b>
	<b>62</b> Deferred revenue			<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )			<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65)		105,962.	<b>66</b> 130,613.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted		389,427.	<b>67</b> 1,279,556.
	<b>68</b> Temporarily restricted		292,433.	<b>68</b> 455,089.
	<b>69</b> Permanently restricted			<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
	<b>73 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)		681,860.	<b>73</b> 1,734,645.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		787,822.	<b>74</b> 1,865,258.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	3,386,734.	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	2,333,949.
<b>b</b> Amounts included on line a but not on line 12, Form 990			<b>b</b> Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$ 240,442.		
(2) Donated services and use of facilities \$ 240,442.			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify).		
----- \$			----- \$		
Add amounts on lines (1) through (4)	<b>b</b>	240,442.	Add amounts on lines (1) through (4)	<b>b</b>	240,442.
<b>c</b> Line a minus line b	<b>c</b>	3,146,292.	<b>c</b> Line a minus line b	<b>c</b>	2,093,507.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			<b>d</b> Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	<b>d</b>		Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	3,146,292.	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	2,093,507.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)				
(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 and deferred compensation	(E) Expense account and other allowances
JANICE YEE 801 S LANE ST SEATTLE WA 98104	EXEC DIRECTOR 40	62,407.	3,865.	0.
NANCY SPURGEON 801 S LANE ST SEATTLE WA 98104	DIR CHILD DEVELOPMT 40	53,110.	3,865.	0.
SUSAN VALDEZ 801 S LANE ST SEATTLE WA 98104	DIR FAMILY & COMM 40	54,150.	3,865.	0.
JULIE WADE 801 S LANE ST SEATTLE WA 98104	PRESIDENT 2	0.	0.	0.
KRISTEE CROWDER 801 S LANE ST SEATTLE WA 98104	VICE PRESIDENT 2	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	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 instructions

Part VI Other Information (See instructions.)		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		X
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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
81a	Enter direct and indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81b	Did the organization file Form 1120-POL for this year?		X
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?	X	
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
85h	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?		X
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations Enter a Gross income from members or shareholders		
87b	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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. ; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations 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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	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		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		44
91	The books are in care of JANICE YEE Telephone number (206) 623-3790 Located at 801 S LANE ST SEATTLE WA ZIP + 4 98104		
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		

**Part VII Analysis of Income-Producing Activities** (See instructions.)

	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> TUITION					207,416.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	2,454.	
<b>96</b> Dividends & 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 pers prop					
<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>b</b> MISCELLANEOUS					5,360.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				2,454.	212,776.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					215,230.

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 instructions)

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	PARENTS HAVE CO-PAY FOR COST OF CARE
103	DE MINIMUS INCOME FROM PROGRAMS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(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 instructions)

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

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

**Please Sign Here**

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.

Signature of officer: Janice Yee Date: 5/16/06

Type or print name and title: Janice Yee, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Chartha Lindley Date: 04/20/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LINDLEY AND COMPANY LLC CPAS  
500 UNION ST STE 805  
SEATTLE WA 98101

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

Preparer's SSN or PTIN (See General Instruction W): \_\_\_\_\_

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

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

**2004**

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 <b>DENISE LOUIE EDUCATION CENTER</b>	Employer identification number <b>91-1016974</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
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Total number of other employees paid over \$50,000 ▶		NONE		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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		
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Total number of others receiving over \$50,000 for professional services ▶		NONE

**Part III** Statements About Activities (See 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 ▶ \$ _____ 0.</p> <p>(Must equal amounts on line 38, Part VI-A, or line i 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>		X
<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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV** Reason for Non-Private Foundation Status (See 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)
- 11 a  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)
- 11 b  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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,037,429.	1,837,824.	1,451,574.	1,790,347.	7,117,174.
<b>16</b> Membership fees received					
<b>17</b> 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	214,220.	182,561.	264,226.	228,901.	889,908.
<b>18</b> 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	1,513.	1,806.	1,666.	6,645.	11,630.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	2,253,162.	2,022,191.	1,717,466.	2,025,893.	8,018,712.
<b>24</b> Line 23 minus line 17	2,038,942.	1,839,630.	1,453,240.	1,796,992.	7,128,804.
<b>25</b> Enter 1% of line 23	22,532.	20,222.	17,175.	20,259.	
<b>26 Organizations described on lines 10 or 11:</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines <b>18</b> 11,630. <b>19</b> _____</p> <p><b>22</b> _____ <b>26b</b> _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b></p>				<p><b>26a</b> 142,576.</p> <p><b>26b</b> _____</p> <p><b>26c</b> 7,128,804.</p> <p><b>26d</b> 11,630.</p> <p><b>26e</b> 7,117,174.</p> <p><b>26f</b> 99.84 %</p>
<b>27 Organizations described on line 12:</b>	<p><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</p> <p>(2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p><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</p> <p>(2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____</p> <p><b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e) <b>27f</b> _____</p> <p><b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b></p> <p><b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b></p>				<p><b>27c</b> _____</p> <p><b>27d</b> _____</p> <p><b>27e</b> _____</p> <p><b>27g</b> %</p> <p><b>27h</b> %</p>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		





Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK FEES	4,663.	0.	4,663.	0.
DUES/MEMBERSHIPS	3,464.	3,464.	0.	0.
FOOD EXPENSES	59,218.	59,218.	0.	0.
PARENT ACTIVITIES	15,641.	15,641.	0.	0.
PARKING/TRANSPORTATION	23,709.	23,709.	0.	0.
PROFESSIONAL DEVELOPMENT	24,836.	24,836.	0.	0.
FUNDRAISING	40,372.	0.	0.	40,372.
MISCELLANEOUS	39,466.	25,313.	14,153.	0.
Total	<u>211,369.</u>	<u>152,181.</u>	<u>18,816.</u>	<u>40,372.</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LEASEHOLD IMPROVEMENTS	161,760.	161,265.	495.
LEASEHOLD IMPROVEMENTS-LAKE WA	145,992.	105,791.	40,201.
LEASEHOLD IMPROVEMENTS-MT BAKER	115,543.	52,751.	62,792.
CONSTRUCTION IN PROGRESS	1,142,492.	0.	1,142,492.
PLAYGROUND EQUIPMENT	41,585.	41,585.	0.
SCHOOL BUSES	64,401.	64,401.	0.
Total	<u>1,671,773.</u>	<u>425,793.</u>	<u>1,245,980.</u>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
CASH - RESTRICTED FOR LONG TERM PURPOSES	147,201.	0.
PLEDGES RECEIVABLE, NET	35,384.	18,576.
Total	<u>182,585.</u>	<u>18,576.</u>

Form 990, Page 4, Part V

## List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
SARAH LEUNG 801 S LANE ST SEATTLE WA 98104	SECRETARY 2	0.	0.	0.
NORMAN NAKAMURA 801 S LANE ST SEATTLE WA 98104	TREASURER 2	0.	0.	0.
ROGER FUJITA 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
LINDA BEARDSLEE 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
JOHN THEISS 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
RISA YUKI 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
PAUL FACCHINI 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
MICHAEL RUEB 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.
MAI NGUYEN 801 S LANE ST SEATTLE WA 98104	MEMBER 2	0.	0.	0.

Total

0.    0.    0.

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I**  **Automatic 3-Month Extension of Time** – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return See instructions.	Name of Exempt Organization <b>DENISE LOUIE EDUCATION CENTER</b>	Employer identification number <b>91-1016974</b>	
	Number, street, and room or suite number If a P O box, see instructions <b>801 S LANE ST</b>		
	City, town or post office For a foreign address, see instructions <b>SEATTLE</b>	state <b>WA</b>	ZIP code <b>98104</b>

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of \_\_\_\_\_

Telephone No ▶ (206) 623-3790 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Jun 15, 2006, to file the exempt organization return for the organization named above The extension is for the organization's return for:
  - ▶  calendar year 20\_\_ or
  - ▶  tax year beginning Nov 1, 2004, and ending Oct 31, 2005
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**