Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Open to Public

		nue Service Ine organization may have to use a copy of this return to satis			
A	For th	ne 2005 calendar year, or tax year beginning January 1 , 2005, a	and ending Dec		
В	Check If	applicable Please Use IRS Evergroop Frondom Foundation		٠	yer identification number
	Address	s change label or Evergreen Freedom Foundation			136961
□ '	Name c	thange print or type. Number and street (or P O box if mail is not delivered to street add	dress) Room/suite	•	one number
□ ı	nıtıal re	stum See PO Box 552		(360) 956-3482
	-inal ref	Specific Instruc- City or town, state or country, and ZIP + 4		F Accounts	ng method: Cash 🛮 Accrual
Z	Amende	ed return Utons. Olympia, WA 98507			her (specify) ▶
	Applicat	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable			e to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).			n for affiliates? Yes V No
G	Websit	e: ▶ www.effwa.org	1		per of affiliates ►
J	Organi	zation type (check only one) ► \(\sqrt{2} \) 501(c) (\(3 \) \(\) (insert no) \(\) 4947(a)(1) or \(\) 52	H(c) Are all aff 27 (If "No," a		t. See instructions.)
K	Check	here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a se	parate retur	π filed by an
	organiza	ation need not file a return with the IRS, but if the organization chooses to file a return, be	organizatio		oy a group ruling? Yes No
	sure to	file a complete return. Some states require a complete return.		emption Ni	
L	Gross	receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,909,888			the organization is not required form 990, 990-EZ, or 990-PF).
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba			
	1	Contributions, gifts, grants, and similar amounts received:			<u> </u>
	a	Direct public support	1,702,2	74	
	Ь	Indirect public support			
	C	Government contributions (grants)		□	
	ď	Total (add lines 1a through 1c) (cash \$1,655,331 noncash \$	46,943)	1d	1,702,274
	2	Program service revenue including government fees and contracts (from F		2	0
	3	Membership dues and assessments	-	3	0
	4	Interest on savings and temporary cash investments		4	10,253
	5	Dividends and interest from securities	5	3,037	
	6a	Gross rents			
	b	Less: rental expenses			
			6с	0	
	7	Other investment income (describe		7	0
Revenue	8a	(A) Securities	(B) Other		
ě	"	than inventory		0	
-	Ь	Less: cost or other basis and sales expenses. 233,330 8b	3:	24	
	1	(30,006) 90	(32	4) .	
	d			8d	(39,330)
	9	Special events and activities (attach schedule). If any amount is from gaming, c		34	į
	a	Gross revenue (not including \$ of			
		contributions reported on line 1a) 9a		_	
	b	Less: direct expenses other than fundraising expenses 9b			
	1	Net income or (loss) from special events (subtract line 9b from line 9a	a)	9с	0
	10a	Gross sales of inventory, less returns and allowances 10a		_	,
	b	Less: cost of goods sold			-
	С	Gross profit or (loss) from sales of inventory lattach schedule) (subtract line 10	0b from line 10a).		0
	11	Other revenue (from Part VID fine 109)		11	0
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 96, 0c, and 11)	<u> </u>	12	1,676,234
m	13	Program services (from line 44, politima) (B)		13	986,392
Expenses	14	Management and general (from line 44, column (C))		14	114,603
<u> </u>	15	Fundraising (from line 44, column to)		15	303,851
Ω	16	Payments to affiliates (attachyspheliule)		16	0
	17	Total expenses (add lines 16 and 44, column (A))	<u> </u>	17	1,404,846
ets.	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	271,388
Ass	19	Net assets or fund balances at beginning of year (from line 73, colum	ın (A))	19	720,751
Net Assets	20	Other changes in net assets or fund balances (attach explanation).		20	33,668
_ <u>z</u>	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<u>"</u>	21	1,025,807

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4)

	Functional Expenses organizations and s	ection 4	947(a)(1) nonexempt	charitable trusts but		iee the instructions)
	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 \$)	22				
	If this amount includes foreign grants, check here 🕨 🗌	 				
23	Specific assistance to individuals (attach schedule)	23				•
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	172,222	129,080	14,940	28,203
26	Other salaries and wages	26	765,585	600,794	70,854	93,937
27	Pension plan contributions	27	0	0	0	0
28	Other employee benefits	28	21,125	16,171	1,496	3,459
29	Payroll taxes	29	61,624	42,262	6,092	13,270
30	Professional fundraising fees	30	4,200	0	0	4,200
31	Accounting fees	31	6,456	4,427	635	1,393
32	Legal fees	32	3,631	3,631	0	0
33	Supplies	33	19,620	14,929	1,699	2,992
34	Telephone	34	10,383	6,395	643	3,346
35	Postage and shipping	35	80,774	13,319	694	66,761
36	Occupancy	36	38,731	29,175	4,380	5,176
37	Equipment rental and maintenance	37	7,823	4,486	1,272	2,065
38	Printing and publications	38	83,482	30,084	30	53,369
39	Travel	39	64,734	44,603	5,725	14,405
40	Conferences, conventions, and meetings	40	5,706	5,706	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	32,797	21,380	5,164	6,252
43 a	Other expenses not covered above (itemize):	43a	0	0	0	0
b	Licenses, fees, misc taxes, insurance	43b	16,151	10,603	824	4,723
c	Research materials	43c	1,216	1,139	0	77
d	Subscriptions, misc. expenses	43d	8,586	8,208	155	223
e		43e	0	0	0	0
f		43f	0	0	0	0
g		43g	0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines		4 404 040	000 000	444.000	202 254
	13-15)	44	1,404,846	986,392	114,603	303,851
Are a	t Costs. Check ► ☐ If you are following SOP any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs	and fun	draising solicitation	reported in (B) Prog	gram services? . >	Yes 🗹 No
	he amount allocated to Management and general \$; and (iv) the			,

	000
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$
If "Yes," enter (i) the aggregate amount of these joint costs	\$; (ii) the amount allocated to Program services \$;
Are any joint costs from a combined educational campaign a	ind fundraising solicitation reported in (B) Program services? . 🕨 🔲 Yes 🛛 No
Joint Costs. Check P If you are following SOP a	

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

Jic	grams and accomplishments.	
۸ŀ	at is the organization's primary exempt purpose? Education, Research & Analysis	Program Service
۹II of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Research & analysis of state budget & tax policies - legislative testimony & briefings upon request; published: 25 policy papers (ED), 31 op-eds*, & 41 press releases*, resulting in 144 news clips*, 45 radio shows (1,042 min)*, 4 TV shows (27 min)* (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	126,053
_	Research, analysis & monitoring of issues surrounding individual liberty, citizenship & governance,	110,000
_	and labor policy - legislative testimony & briefings upon request; published: 3 major studies (349 copies plus ED), 12 policy papers (ED), 28 op-eds*, & 23 press releases*, resulting in 216 news clips* & 92 radio shows (4,285 min)*, 1 TV show (10 min)*	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	449,968
С	Research & analysis of education policies - legislative briefings upon request; published: 2 full studies (5,600 copies) and 1 study summary (7,000 copies), 3 policy papers (ED), 9 op-eds*, & 2 press releases*, resulting in 30 news clips*, 2 radio shows (34 min)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	86,719
d	Community service - 12 monthly journals (4,610 avg. copies), 46 group & individual briefings (2,600+ people served); constituent research; website maintenance; public & conference speaking	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	302,051
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	21,601
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	986,392
		Form 990 (2005)

عنا	irt IV	Balance Sneets (See the Instructions.	<u>/</u>				
ň	iote:	Winere required, attached schedules and amounts column should be for end-of-year amounts only	within 1	ne description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			29,204	45	61,989
	46	Savings and temporary cash investments .		1	287,501	46	208,976
		carrings and temporary outsi investments ;	• •				
	472	Accounts receivable	47a				
		Less: allowance for doubtful accounts .	47b		0	47c	0
	"	Less. allowance for doubtful accounts.					
	40-	Diadaa waabushia	48a			}	
		Pledges receivable	48b		0	48c	0
		Less: allowance for doubtful accounts .			0	1.2.	0
	49	Grants receivable			_ 	49	
	50	Receivables from officers, directors, truster			0	50	0
		(attach schedule)			U	50	
10	51a	Other notes and loans receivable (attach	l easi			ł	
Assets		schedule)	51a		•		•
SS	b	Less: allowance for doubtful accounts .	_51b		0		0
	52	Inventories for sale or use			0		0
	53	Prepaid expenses and deferred charges .		· <u>·</u> · · <u>·</u> ·	2,656		2,656
	54	Investments—securities (attach schedule) .	. •	► ☐ Cost ☑ FMV	139,296	54	311,188
	55a	Investments—land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b		0	55c	0
	56	Investments—other (attach schedule)			0	56_	0
	57a	Land, buildings, and equipment: basis .	57a	655,174			
	,	Less: accumulated depreciation (attach	ll				
	•	schedule)	57b	139,553	536,090	57c	51 <u>5,</u> 621
	58	Other assets (describe ▶			0	58	0
	ĺ	,		,			
	59	Total assets (must equal line 74). Add lines	45 thre	ough 58	994,747	59	1,100,430
	60	Accounts payable and accrued expenses .			5,457	60	14,049
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
S	63	Loans from officers, directors, trustees, and					
≝		schedule)			0	63	0
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
ڐ	l .	Mortgages and other notes payable (attach s			220,000	64b	0
	65	Other liabilities (describe Accrued vaca			48,539	_	60,574
	••	The manifest (accounts to management states)	*******	,			
	66	Total liabilities. Add lines 60 through 65 .			273,996	66	74,623
	Orac	nizations that follow SFAS 117, check here ▶					
	Juga	67 through 69 and lines 73 and 74.	· Œ 8	ina complete lines			
Ses	67	Unrestricted		1	600,506	67	871,900
anc	68	Temporarily restricted			120,245	_	153,907
Sali	69				0	69	0
9	1	Permanently restricted				-00	
Fund Balances	Urga	nizations that do not follow SFAS 117, check	nere	► ⊔ and			
or F	70	complete lines 70 through 74.	_			70	
0	70	Capital stock, trust principal, or current fund		inment fund		71	
Net Assets	71	Paid-in or capital surplus, or land, building, a		· ·		72	
AS:	72	Retained earnings, endowment, accumulated		I I			·
et /	73	Total net assets or fund balances (add line	s 67 tl	arougn 69 or lines			
ž		70 through 72; column (A) must equal line 19; column (B) m	uiet or	usl line 21\	720,751	70	1,025,807
	74	Total liabilities and net assets/fund balance					
		Town habilities and not assertation ballance	J. Muu	inios do ariu 75.	994,747	74	1,100,430 Form 990 (2005)
							FOIRI 330 (2003)

Pai	Reconciliation of Revenue per Aucinstructions.)	lited Financial Statem	nents With Rev	enue pe	r Return	(See the
a	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line				а	
b 1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2		1	
3	Recoveries of prior year grants		b3			
4	Other (specify):]	
			b4			
	Add lines b1 through b4				Ь	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on li	ne a:	1 1			
1	Investment expenses not included on Part I, line		d1		1	
2	Other (specify):		d2		} }	
	Add lines d1 and d2				d	
e	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d			. •	e	
	rt IV-B Reconciliation of Expenses per Au					 n
a	Total expenses and losses per audited financial				a	
b	Amounts included on line a but not on Part I, line					
1	Donated services and use of facilities					
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20]]	
4	Other (specify):					
			b4			
	Add lines b1 through b4				ь	
C	Subtract line b from line a				С	
ď	Amounts included on Part I, line 17, but not on I		ا فعما			
1	Investment expenses not included on Part I, line		l I		1	
2	Other (specify):		d2			
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17). Add lines c and	d			e	
Pai	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye					, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	tions to employee ans & deferred isation plans	(E) Expense account and other allowances
	Robert Williams	President, 50 hours	76,761		18.000	J
	5 149th Ave KP N, Lakebay, WA					
	n Harsh	Sr. Vice Pres. 50 hrs	77,461			
003	1 78th Ave NE, Olympia, WA			-		
See	attached list of trustees	+				
	and the or in addition	-				-
	•••••					
					<u></u>	
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		<u> </u>				<u> </u>
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Pai	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No	
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings				
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)					
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this					
_	organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	à			
	TV-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene officer, director, trustee, or key employee received compensation or other benefits (described below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the institution of the compensation or other benefits in the appropriate column.	the ye	ear, lis		
	(A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans & deferred compensation plans	accour	Expen nt and owance	other	
non	e				
		<u>.</u>			
			_		
Par 76	Other Information (See the instructions.) Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	Yes	No ✓	
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		✓	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a 78b		✓	
	 b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 				
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					
b	If "Yes," enter the name of the organization ▶	80a		1	
81a b	and check whether it is □ exempt or □ nonexempt Enter direct and indirect political expenditures. (See line 81 instructions.)	81b		✓	
		Form	990	(2005)	

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Par	t VI Other Information (continued)		Yes	No
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		1
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.)		√	<u> </u>
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	✓	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
C	Dues, assessments, and similar amounts from members	-		
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	{		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05-		<u> </u>
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. Enter: a Initiation fees and capital contributions included on line 12	_		~
b	Gross receipts, included on line 12, for public use of club facilities			
B7	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1 1		
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		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶		*	
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			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
	List the states with which a copy of this return is filed ▶ Washington			• • • • • •
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	2		
91a	The books are in care of ▶ Gail Kramer Located at ▶ PO Box 552, Olympia, WA Telephone no. ▶ (360)9 ZIP + 4 ▶ 98507		82	· · · · · · · ·
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b	162	No ✓
	account)?	310	-,	 •
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
^		91c		1
C	If "Yes," enter the name of the foreign country \blacktriangleright	لتنب		
92	Section 4947(a)(1) nonexempt chantable 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 ▶ 92			

Note: Enter gross amounts unless otherwise indicated. A (B) (C) (C) (A) (B) (C) (A) (B) (C) (A) (B) (B) (C) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Part	VII Analysis of Income-Producing	Activities (See	the instructions	.)		
indicated. 33 Program service revenue: Business code Amount Register code Amount Register code Register	Note:	Enter gross amounts unless otherwise	Unrelated i	ousiness income	Excluded by sec	tion 512, 513, or 514	
Program service revenue: Burriss code		9	(A)	(B)	(C)	(D)	
b dedicare/Medicaid payments f Medicare/Medicaid payments g Fees and contracts from government agencies 9 Membership dues and assessments. 14 10,253 18 3,037 97 Net rental income or (loss) from real estate: 4 debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property 10 Gain or (loss) from personal property 90 Other investment income 10 Gain or (loss) from sales of inventory 110 Net income or (loss) from sales of inventory 110 Net income or (loss) from sales of inventory 110 Net income or (loss) from sales of inventory 110 Other revenue: a 110 Subtotal (add columns (B), (D), and (E)) 111 Net income or (loss) from sales of inventory 111 Net income or (loss) from sales of inventory 112 Gross profit or (loss) from sales of inventory 113 Subtotal (add ine 104, columns (B), (D), and (E)) 114 Subtotal (sadd columns (B), (D), and (E)) 115 Total (add line 104, columns (B), (D), and (E)) 116 Total (add line 104, columns (B), (D), and (E)) 117 Total (add line 104, columns (B), (D), and (E)) 118 Subtotal (sadd columns (B), (D), and (E)) 119 Subtotal (sadd columns (B), (D), and (E)) 110 Total (add line 104, columns (B), (D), and (E)) 110 Total (add line 104, columns (B), (D), and (E)) 111 Note: Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 110 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 111 Nature of activities 118 3,037 118 8.01 (39,330) 119 (28,040) 110 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 110 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 110 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 111		_		Amount	Exclusion code	Amount	
Medicare/Medicald payments general medicare from securities general medicare from securities general medicare from securities general from securi				+			
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Please Sign Here Signature of officer Lynn A. Harsh, CE(Type or print name and title Preparer's Signature Firm's name (or yours if self-employed),		Under penalties of penury, I declare that I have exam	nined this retu				
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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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number 94 3136961 Evergreen Freedom Foundation

Lvergreen reedom roundation			54,0100001	
Part I Compensation of the Five Hig (See page 1 of the instructions	hest Paid Employees On . List each one. If there are	ther Than Office e none, enter "N	lone.")	nd Trustees
(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
Irene Endicott PO Box 13618, Mill Creek, WA	Development Associate 40 hours	53,660	0	0
Booker Stallworth 811 13th Ave SE #120, Olympia, WA	Comm. Director	52,011	0	0
Michael Reitz 6317 Barstow Ln SE #5, Olympia, WA	Project Manager 40 hours	50,675	0	0
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five Hig (See page 2 of the instructions. L				
(a) Name and address of each independent contract			of service	(c) Compensation
	•••••			
			ł	
Total number of others receiving over \$50,000 for professional services	>	» (n .v.	* .	
Part II-B Compensation of the Five Hig (List each contractor who perfo firms. If there are none, enter "N	rmed services other than p	professional serv		lividuals or
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
Total number of other contractors receiving over			*	3

		Form 990 or 990-EZ) 2005			age No		
Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes			
1	atten	ng the year, has the organization attempted to influence national, state, or local legislation, including a npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses procurred in connection with the lobbying activities \$ \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aid	1			
	orga	inizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Oth nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description obbying activities.			-		
2	subs with owne	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with a stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, any taxable organization with which any such person is affiliated as an officer, director, trustee, major er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining tractions.)	or rity	1			
а	Sale	exchange, or leasing of property?	2a		✓		
b	Lend	ling of money or other extension of credit?	. 2b		✓		
c		ishing of goods, services, or facilities?	. <u>2c</u>	 , -	✓		
d	Payn	nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?		/	 		
е		sfer of any part of its income or assets?	. <u>2e</u>	-	✓		
3 a	-	ou make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of h			1		
	-	determine that recipients qualify to receive payments.)	. <u>3a</u> 3b	1			
	-	ou have a section 403(b) annuity plan for your employees?		 ▼ -	1		
		ng the year, did the organization receive a contribution of qualified real property interest under section 170(" <u> </u>		<u> </u>		
4a	-	you maintain any separate account for participating donors where donors have the right to provide advice	on 4a		✓		
Ь	Do v	ise or distribution of funds?	. 4a		1		
	t IV		ns)				
		ization 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 and state ▶	hospital's	name	, city		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Also complete the Support Schedule in Part IV-A.)	Section 17	O(b)(1)	(A)(iv		
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the (170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	general pul	olic. S	ectio		
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%% of its support from contributions, membership for from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more tha					
	f	rom gross investment income and unrelated business taxable income (less section 511 tax) from busin- organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.	esses acqu				
		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3					
13		ne box that describes the type of supporting organization:	□ Type	<u> </u>			
13		Provide the following information about the supported organizations. (See page 6 of the instruct		<u>-</u>			

	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 200)1	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.).	1,235,661	1,179,107	1,234,380	1,189	,814	4,838,962
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 chantable, etc., purpose.						
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.	(66,971)	(14,190)	50,883	120	0,030	89,752
19	Net income from unrelated business	}	1				
	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					j	
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	<u> </u>					
	include gain or (loss) from sale of capital assets	 					
23	Total of lines 15 through 22	1,168,690	1,164,917	1,285,263	1,309		4,928,714
					4 200	044	4,928,714
24	Line 23 minus line 17	1,168,690	1,164,917	1,285,263		,844	
24 25	Enter 1% of line 23	1,168,690	1,164,917	1,285,263		,098	\$
	F : 40/ (III 00	11,687	11,649	12,853			98,574
25 26	Enter 1% of line 23	a Enter 2% of anne of and amount	11,649 mount in column contributed by ea	12,853 (e), line 24 ach person (othe	13 ► er than a	,098	98,574
25 26	Enter 1% of line 23	a Enter 2% of a ne of and amount zation) whose total	11,649 mount in column contributed by ea gifts for 2001 thr	12,853 (e), line 24 ach person (other ough 2004 excerning)	13 ▶ er than a eded the	26b	98,574 726,644
25 26	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e)	11,649 mount in column contributed by ea gifts for 2001 thr ter the total of all t	12,853 (e), line 24 ach person (other ough 2004 excerning)	13 ▶ er than a eded the ounts ▶	26a	98,574
25 26 b	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752	11,649 mount in column contributed by ea gifts for 2001 thr ter the total of all to the column of th	12,853 (e), line 24	13 ▶ er than a eded the ounts ▶	26a 26b 26c	98,574 726,644 4,928,714
25 26 b c d	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter In Add: Amounts from column (e) for lines: 18	a Enter 2% of a ne of and amount zation) whose total ith your return. Enne 24, column (e) 89,752	11,649 Imount in column contributed by earlier the total of all the column ter the total of all the column term term the total of all the column term term term term term term term term	12,853 (e), line 24	13 ▶ er than a eded the ounts ▶	26a 26b 26c 26d	98,574 726,644 4,928,714 816,396
25 26 b c d	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter In Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752	11,649 Imount in column contributed by earlier the total of all to the column of the c	12,853 a (e), line 24	ar than a eded the ounts ►	26a 26b 26c 26d 26d	98,574 726,644 4,928,714 816,396 4,112,318
25 26 b c d	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organization shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeral)	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752	11,649 Imount in column contributed by ea gifts for 2001 thr ter the total of all the column contributed by ea gifts for 2001 thr ter the total of all the column c	12,853 (e), line 24 ach person (other ough 2004 excepthese excess amount of the excepthese exceptions are exceptionally according to the except of the exception of the except of the exception of the except	tr than a eded the ounts ▶	26a 26b 26c 26d 26d 26e 26f	98,574 726,644 4,928,714 816,396 4,112,318 83.44 %
25 26 b c d e f	Corganizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter International Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Formation prepare a list for your records to show Do not file this list with your return. Enter the (2004) (2003) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by lir or amounts include the name of, and to e sum of such amounts year, that was more 5 through 11b, as we	11,649 Imount in column contributed by ea gifts for 2001 thread the total of all the column contributed by ea gifts for 2001 thread the total of all the column col	12,853 (e), line 24	ar than a eded the ounts been received a r from, each (2001)"), prepare an line 25 for at with your	26b 26c 26d 26e 26f ed from h "disq	98,574 726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing
25 26 b c d e f	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations that is the support of section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration)) Organizations described on line 12: a Formation prepare a list for your records to show Do not file this list with your return. Enter the show the name of, and amount received for each (Include in the list organizations described in lines 5	a Enter 2% of a ne of and amount zation) whose total ith your return. Enne 24, column (e) 89,752 ator) divided by limber amounts include the name of, and the sum of such amount year, that was more 5 through 11b, as we the larger amount.	11,649 Imount in column contributed by ea gifts for 2001 thread the total of all the column contributed by ea gifts for 2001 thread the total of all the column col	12,853 (e), line 24 ach person (other ough 2004 except these excess am	er than a eded the ounts • • ere receive r from, each (2001) "), prepare in line 25 for the third your lim of these	26b 26c 26d 26e 26f ed from h "disquarethe your return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)
25 26 b c d e f 27	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations that shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter Interest and the Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Forgerson," prepare a list for your records to show Do not file this list with your return. Enter the (2004) (2003) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2004) (2003)	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by lir or amounts include the name of, and to e sum of such amounts year, that was more 5 through 11b, as we the larger amount	11,649 Imount in column contributed by ea gifts for 2001 thread the total of all the column contributed by ea gifts for 2001 thread total of all the column	12,853 It (e), line 24 In the person (other ough 2004 except these excess amount of the person	r than a eded the ounts • • ere receive r from, each (2001)"), prepare on line 25 four twith your um of these (2001)	26b 26c 26d 26e 26f ed from h "disquarethe your return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)
25 26 b c d e f 27	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations that shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter International Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2004) (2003) For any amount included in line 17 that was recensive the name of, and amount received for each (Include in the list organizations described in lines of the difference between the amount received and amounts) for each year: (2004) (2003)	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by lir or amounts include the name of, and to e sum of such amounts wed from each persyear, that was more 5 through 11b, as we the larger amount	11,649 Imount in column contributed by earlier the total of all the column contributed by earlier the total of all the column contributed in lines 15, 16 column co	12,853 It (e), line 24. It ach person (other ough 2004 except these excess amount of the except and the except and the except and the except are except are except and the except are except and the except are except are except and the except are except are except and the except are except are except and the except are except are except are except and the except are except and the except are except are except are except are except and the except are except	r than a eded the ounts • representation of these (2001)	26b 26c 26d 26e 26f ed from h "disquare the year the year return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)
25 26 b c d e f 27	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section 509(a)(1) test: Enter Interval and the support for section for sectio	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by lir or amounts include the name of, and to e sum of such amounts include the name of and to e sum of such amount the larger amount the larger amount	11,649 Imount in column contributed by ea gifts for 2001 thread the total of all the column contributed by ea gifts for 2001 thread the total of all the column col	12,853 In (e), line 24 In the person (other ough 2004 except these excess ame and the person of	r than a eded the ounts • receive receivers receive receive receivers receive receivers receive receivers receive receivers r	26b 26c 26d 26e 26f 26f a list for the ye return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)
25 26 b c d e f 27 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations that shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter International Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2004) (2003) For any amount included in line 17 that was recensive the name of, and amount received for each (Include in the list organizations described in lines of the difference between the amount received and amounts) for each year: (2004) (2003)	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by lir or amounts include the name of, and to e sum of such amounts for through 11b, as we the larger amount and line 27b total ital).	11,649 Imount in column contributed by ea gifts for 2001 thread terms and the column are column and the column and the column and the column are column and the column and the column and the column are column and the column are column and the column and the column are column are column are column and the column are column are column are column and the column are col	12,853 (e), line 24 ach person (other ough 2004 except these excess amed 44 (ator)) 3, and 17 that we exert in each year are squalified persons of (1) the amount of the control on th	r than a eded the ounts • receive receivers receive receive receivers receive receivers receive receivers receive receivers r	26b 26c 26d 26e 26f 26f a list for the ye return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)
25 26 b c d e f 27 b	Public support (line 26c minus line 26d total) Preganizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter Interpretation of the section of	a Enter 2% of a ne of and amount zation) whose total ith your return. En ne 24, column (e) 89,752 ator) divided by limber amounts included the name of, and the sum of such amounts for through 11b, as we the larger amount and line 27b total and line 27b total ital). mount from line 25 interior divided by line and line 27b total ital).	11,649 Imount in column contributed by ea gifts for 2001 thread the total of all the column contributed by ea gifts for 2001 thread the total of all the column co	12,853 (e), line 24	r than a eded the ounts • •	26b 26c 26d 26e 26f 26f a list for the ye return differe	726,644 4,928,714 816,396 4,112,318 83.44 % n a "disqualified person." or your records to ear or (2) \$5,000. After computing nices (the excess)

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)

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?	29	Yes	No
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)			۰
			4	
	Days the account of a selection the fall of the			
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	-	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you are not the little and the second sec		AN	
	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:			1
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
		33c		
С	Employment of faculty or administrative staff?	000		<u> </u>
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	_	
4	Use of facilities?	33f		İ
•				
g	Athletic programs?	33g		<u> </u>
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		Ĭ.	
				اــــا
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		*	ş,
	*** *** *** *** *** *** *** *** *** **			Î
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	35		L

Page	£

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by an	eligible organ	zation that fil	ed Form 57	768)			r age
Che	ck ▶ a ☐ If the organization belongs to an affilia	ated group. Che	eck b	f you checked	"a" ar	ıd "lımı	ted control"	provisions apply.
	Limits on Lobbyi						(a) ated group totals	(b) To be completed for ALL electing
	(The term "expenditures" mea	ns amounts paid	or incurred.)					organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .		_36_			
37	Total lobbying expenditures to influence a legis	slative body (dire	ct lobbying)		37			
38	Total lobbying expenditures (add lines 36 and	•			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines	•			40			
41	Lobbying nontaxable amount. Enter the amour		•]] ·*
		obbying nontaxa						•
	Not over \$500,000							
	Over \$500,000 but not over \$1,000,000 . \$100,	•			41			
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•			7.			
	Over \$1,500,000 but not over \$17,000,000. \$225, Over \$17,000,000. \$1,000,000.	•				3		
42	Grassroots nontaxable amount (enter 25% of I	0,000 ine 41\			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	•			43			
44	Subtract line 41 from line 38. Enter -0- if line 4				44			
	Subtract line 47 from line 56. Lines 6-11 line 4	i is more than in				·····		
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 4	720.				
	(Some organizations that made a section See the instructions f	or lines 45 throug		1 of the insti	ruction	ns.)	<u> </u>	
	Calendar year (or	(a)	(b)	(c)	_		(d)	(e)
	fiscal year beginning in) ▶	2005	2004	2003			2002	Total
45	Lobbying nontaxable amount	***	***					
46	Lobbying ceiling amount (150% of line 45(e))	*	**	**		. 🦏		
47	Total lobbying expenditures							
48	Grassroots nontaxable amount		<u> </u>		_	<u> </u>	·····	
<u>49</u>	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	t VI-B Lobbying Activity by Nonelect (For reporting only by organization)			Part VI-A)	(See	page	11 of the	e instructions.)
Dun	ng the year, did the organization attempt to influ	uence national, s	tate or local leg	islation, inclu	dına a	nv	Yes No	Amount
	mpt to influence public opinion on a legislative n				J	, l	165 160	Allount
а	Volunteers						_ ✓	ř.
b					·)	. [√	
С	Media advertisements					.		
d	Mailings to members, legislators, or the public						<u> </u>	\$27,600
е	Publications, or published or broadcast statem	ents				. -	√	see above
f	Grants to other organizations for lobbying purp							
g	Direct contact with legislators, their staffs, gov			-		.	1	see above
h	Rallies, demonstrations, seminars, conventions					. }	▼	see above
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a stat	gh h.)		on of the lob	 bvina	. L	ies.	\$27,600

									ugo e
Part \			ransfers To and Transace page 12 of the instruction		Relationships	With	Nonc	:harit 	able
			indirectly engage in any of the indirectly engage in any of the indirectly or in sections.						
a Tr	ransfers from the rep	orting organization	to a noncharitable exempt orga	nization of:				Yes	No
	i) Cash						51a(i)		✓
	i) Other assets .						a(ii)		✓
•	ther transactions:						_		,
	_	as of assats with a	noncharitable exempt organizat	ion			b(i)		✓
(•				b(ii)		1
	· _		itable exempt organization				b(iii)		1
-	•		ner assets			• •	b(iv)		1
	v) Reimbursement a	•					b(v)	_	1
-	v) Loans or loan gua								
			ship or fundraising solicitations			• •	b(vi)		
	_		sts, other assets, or paid employ				C		
go	oods, other assets, o	r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	ne organization	received less that	n fair n	market narket v	value /alue i	of the n any
(a)	(b)		(c)		(d)				
Line no	1	Name of none	charitable exempt organization	Description of	transfers, transactions	s, and sh	anng am	angeme	ents
	 -			· · · · · ·					
	 			 					
									
									
	 								
		·							
									_
	ļ. <u> </u>			<u> </u>					
			 						
_									
	 								
d€	_	01(c) of the Code (affiliated with, or related to, on other than section 501(c)(3)) or its				Yes	; Z	No
	(a) Name of organiz	zation	(b) Type of organization		(c) Description of rel	ationship)		
						<u>_</u>			
									_
									_
				 					
									
									
				ļ					
				_					

Form 990 Part I – Line 8 (A)

Schedule of Gain or (Loss) - Securities

Publicly Traded Securities:

Total sale: \$194,324 Total cost basis: \$233,330

Total gain or (loss): (\$39,006)

Form 990

Part I - Line 8 (B)

Schedule of Gain or (Loss) – Other

Inventory Disposed:

Sales from disposal: \$ 0 Depreciated value: (\$324) Total gain or (loss): (\$324)

Form 990

Part I - Line 20

Unrealized gain on securities:

\$2,923

Adjustment for unrecorded previous year unrealized gain on securities:

\$36,696

Accumulated depreciation for disposed equipment:

(\$5,951)

Form 990

Part II - Line 42

Depreciation Expenses:

\$32,797

Form 990

Part III - Line e

Other program services

Research & analysis of health care policies: \$21,601

Form 990

Part IV - Line 54

Stocks are listed at end-of-year fair market value

Corporate stocks:

\$311,188

Form 990 Part IV - Line 57

Schedule of Fixed Assets:

Building	\$551,722	line 57a
Accum Depreciation	-62,872	line 57b
Previous Equipment + Increase	103,452	line 57a
Accum Depreciation	<u>-76,681</u>	line 57b
Total line 57c	\$515,621	

Form 990 Part V

List of Trustees as of 12/31/05

(A)	(B)	(C)	(D)	(E)
Duane Alton 712 N. Lancashire Ln, Liberty Lake, WA 99019	Board Member 1 hr.	\$0	\$0	\$0
Bill Conner 846 108th Ave NE #202, Bellevue, WA 98004	Board Member 2 hrs.	\$0	\$0	\$0
Lois Dobish 14315 NE 12 th Pl, Bellevue, WA 98007	Board Member 1 hr.	\$0	\$0	\$0
Mary Jo Kahler 21911 SE 20th St, Sammamish, WA 98075	Board Member 2 hrs.	\$0	\$0	\$0
Barbara Kenney 16245 SE 31st St, Bellevue, WA 98008	Board Member 2 hrs.	\$0	\$0	\$0
Tim McMahon 14330 24th Ave SE, Mill Creek, WA 98012	Board Member 1 hr.	\$0	\$0	\$0
Andy Nisbet 441 Nisbet Rd, Sequim, WA 98382	Board Member 1 hr.	\$0	\$0	\$0
Alexandra Ockey 431 W 29th Ave, Spokane, WA 99203	Board Member 2 hrs.	\$0	\$0	\$0
Ansgar Schei PO Box 38, Woodland, WA 98674	Board Member 1 hr.	\$0	\$0	\$0
Hans Stoker 2735 84th Ct NE, Olympia, WA 98506	Board Member 2 hrs.	\$0	\$0	\$0
Bob Taigen PO Box 147, Coolin, ID 83821	Board Member 1 hr.	\$0	\$0	\$0
Dr. John Vasko 19411 43rd Pl NE, Sammamish, WA 98074	Board Member 1 hr.	\$0	\$0	\$0
Jim Youngsman 1669 Hickox Rd, Mount Vernon, WA 98273	Board Member 1 hr.	\$0	\$0	\$0

Form 990 - Schedule A Part III - Line 2d

Payment of expenses over \$1,000

Total expenses for the year 2005 were reimbursed as follows:

G. Robert Williams, President = \$4,905 Jonathan Bechtle, Project Manager = \$4,138 Lynn Harsh, Executive Director = \$2,682 Jason Mercier, Project Manager = \$1,659 Michael Reitz, Project Manager = \$1,421 Sausha A. Bohler, Policy Analyst = \$1,084

Form 990 - Schedule A Part VI-B

Detailed description of lobbying activities:

Educated elected officials and the public about best practices for elections including voter registration and ballot counting procedures. Distributed a report on past election practices.