Form **990** 

## Return of Organization Exempt From Income Tax Under section 501(e), 527, or 4947(a)(1) of the Internal Revenus Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

2005

Open to Public Inspection

ernal Rev	venue	Service The organization may have to use a copy of this return t	o satist	y state reporting requir	ements		Inspection
A For th	e 20	05 calendar year, or tax year beginning	and e	nding			
B Check applica	If iblec	Please C Name of organization			D Emp	loyer ld	entification number
		label of CHOTCE C. CONCEDED TENTON				20 00 2	
X Add	nge	print or CHOICE & CONSEQUENCE				-	27240
Nam char Initia	nge al m	Specific 425 N . OLYMPIC AVE .	)	Room/suite		phone n	number 135-7250
Fina	d m	tions. City or town, state or country, and ZIP + 4			F Acco	unting meth	od: X Cash Accrual
Ame	ended m	ARLINGTON, WA 98223				Other (specify)	
App	dication ding	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable true	sts	H and I are not app	licable	to sect	tion 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group			
		▶WWW.CHOICEANDCONSEQUENCE.ORG		H(b) If "Yes," enter no	umber	of affiliat	es▶ N/A
		ion type (check only one) ► X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or		H(c) Are all affiliates	include	d? N	I/A Yes No
		e 🕨 🔙 if the organization's gross receipts are normally not more than \$25,000.		H(d) Is this a separat	te retur	n filed by	N/A Yes No yan or- ruling? Yes X No
		on need not file a return with the IRS; but if the organization received a Form 990 Par		ganization cove	red by	a group	ruling? Yes X No
in the	mail	l, it should file a return without financial data. Some states require a complete retur	n.	I Group Exemption	on Num	ber >	N/A
			200				ion is not required to attact
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9630		Sch. B (Form 9	90,990	-EZ, or 9	990-PF).
Part I		Revenue, Expenses, and Changes in Net Assets or Fund	Bala	ances			
1		Contributions, gifts, grants, and similar amounts received:	1000				
- 1		Direct public support		373	76.		
	b	Indirect public support	1b				
	C	Government contributions (grants)	10				
		Total (add lines 1a through 1c) (cash \$ 37376 - noncash \$				1d	37376.
2		Program service revenue including government fees and contracts (from Part VII, li				2	58910.
3		Membership dues and assessments				3	10
4		Interest on savings and temporary cash investments				4	18.
5		Dividends and interest from securities				5	
6		Gross rents			_		
		Less: rental expenses			-		
		Net rental income or (loss) (subtract line 6b from line 6a)				6c	
9 7		Other investment income (describe			)	7	
Revenue		Gross amount from sales of assets other (A) Securities	-	(B) Other			
Re		than inventory  Less: cost or other basis and sales expenses	88 8b				
			80		_		
		Gain or (loss) (attach schedule)			_	0.4	
0		Net gain or (loss) (combine line 8c, columns (A) and (B))  Special events and activities (attach schedule). If any amount is from gaming, chec				84	
,		Gross revenue (not including \$ of contributions	K Here				
		reported on line 1a)	9a	T			
	h	Less: direct expenses other than fundraising expenses					
		Net income or (loss) from special events (subtract line 9b from line 9a)				90	
10	) a	Gross sales of inventory, less returns and allowances	100	1	******		
		Less: cost of goods sold					
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fr			00.000000	10c	
11		Other revenue (from Part VII, line 103)				11	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		·····		12	96304.
13		Program services (from line 44, column (B))				13	63175.
S 14	1	Management and general (from line 44, column (C))				14	22599.
Sesuedx3		Fundraising (from line 44, column (D))				15	219.
M 16		Payments to affiliates (attach schedule)				16	
17	7	Total expenses (add lines 16 and 44, column (A))				17	85993.
18		Excess or (deficit) for the year (subtract line 17 from line 12)				18	10311.
15 15	3	Net assets or fund balances at beginning of year (from line 73, column (A))				19	3817.
ASS 20	3	Other changes in net assets or fund balances (attach explanation)				20	0.
21	1	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	14128.
523001	1 1	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins					Form 990 (2005

Form 990 (2005)
Part II Statement of CHOICE & CONSEQUENCE 33-1027240 Page 2 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. **Functional Expenses** Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program (C) Management and general (A) Total (D) Fundraising 22 Grants and allocations (attach schedule) 0 - noncash \$ {cash \$\_\_\_\_ If this amount includes foreign grants, check here 22 23 Specific assistance to individuals (attach schedule) ... 23 24 Benefits paid to or for members (attach schedule) .... 24 0. 7970. 25 Compensation of officers, directors, etc. 25 0. 44259. 36289. 28 Other salaries and wages . 26 27 Pension plan contributions 27 28 Other employee benefits 28 4674. 3833. 841. 29 Payroll taxes 29 30 Professional fundraising fees ... 30 585. 319. 6529. 4077. 837. 585. 31 Accounting fees ... 31 319. 32 Legal fees 32 6205. 3669. 209. 488. 33 Supplies 33 408. 34 Telephone 34 35 Postage and shipping .. 628. 35 4878. 4390. 36 Occupancy 36 37 Equipment rental and maintenance 37 770. 770. 38 Printing and publications ...... 38 2640. 1363. 2640. 1363. 39 Travel ... 39 40 Conferences, conventions, and meetings ... 40 41 Interest ... 1433. 1433. 12 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): 43h 43c 43d 43e 431 SEE STATEMENT 1 13629. 7709. 5701. 219. 43g 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 85993. 63175. 22599. 219. 13-15) 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 X No If "Yes," enter (I) the aggregate amount of these joint costs \$ \_\_\_\_ N/A \_\_; (ii) the amount allocated to Program services \$\_\_\_\_\_ N/A

N/A

; and (Iv) the amount allocated to Fundraising \$

(III) the amount allocated to Management and general \$

N/A

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Form 990 (2	2005)	CHOICE	& CONSEQUENC	E	33-1027240	Page 3
05 ****C0000000000**********************	A					1 1100 0

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.

ow 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.

	at is the organization's primary exempt purpose?  DESTANCE ABUSE PREVENTION EDUCATION	Program Service Expenses (Required for 501(c)(3)
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints 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.)	and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	TEACHING SUBSTANCE ABUSE PREVENTION IN SCHOOLS AND TO ADULT AUDIENCES. OUR PROGRAM HAS REACHED OVER 26,000 YOUTH AND SEVERAL HUNDRED ADULTS. REAL HUMAN ORGAN TISSUES ARE USED	
	TO SHOW HEALTHY VS. DESEASED TISSUES.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here	63175.
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	1
С	, it is a control to the control of	
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	63175

Form 990 (2005) CHOICE & CON Part IV Balance Sheets (See the instructions.) CHOICE & CONSEQUENCE 33-1027240 Page 4 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 45 Cash · non-interest-bearing 3817. 45 7450. 46 Savings and temporary cash investments . 45 47a b Less: allowance for doubtful accounts ... 47b 470 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable ... 49 Receivables from officers, directors, trustees, and key employees ... 50 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts ....... 51b 51c 52 Inventories for sale or use ... 52 53 Prepaid expenses and deferred charges ... 53 Cost FMV 54 Investments - securities 54 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation . 55c 56 Investments - other . 56 57 a Land, buildings, and equipment: basis 9733. 3055. b Less: accumulated depreciation STMT 2 57b 57c 6678. 58 Other assets (describe 58 3817 59 Total assets (must equal line 74). Add lines 45 through 58 14128. 59 Accounts payable and accrued expenses 60 61 Grants payable ... 61 62 Deferred revenue ... 62 63 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable ...

65 Other liabilities (describe > 64h 65 66 Total liabilities. Add lines 60 through 65) 0. 0. 66 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 67 Temporarily restricted .. 68 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ▶ X and complete lines 70 through 74. Net Assets or Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 0. 71 0. 3817. 72 Retained earnings, endowment, accumulated income, or other funds 14128. Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 14128. 14128. 73 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 3817. 74

Form 990 (2005)

Pal	990 (2005) CHOICE & CONSEQUENCE	- alai Otatata ME			10272	
	Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements Wi	th Revenue pe	er Re	rturn (See	the
ă i	Total revenue, gains, and other support per audited financial stateme	nts			a	N/A
	Amounts included on line a but not on Part I, line 12:	¥	39			
	Net unrealized gains on investments					
	Donated services and use of facilities			_		
	Recoveries of prior year grants					
	Other (specify):	b				
	Add lines b1 through b4				b	
	Subtract line b from line a				C	
	Amounts included on Part I, line 12, but not on line a:	f -	3			
	Investment expenses not included on Part I, line 6b					
	Other (specify):		2	_		
	Add lines d1 and d2				d	
Pai	Total revenue (Part I, line 12). Add lines c and d	ancial Statemente W	ith Evnonces	Por I	B Cotumn	
						N/A
	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:			****	a	N/A
	Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities	L	-1			
	Prior year adjustments reported on Part I, line 20			_		
	Losses reported on Part I, line 20			_		
	Other (specify):	b		_		
	Add lines b1 through b4			_	ь	
	Subtract line b from line a				a	
	Amounts included on Part I, line 17, but not on line a:					
	Investment expenses not included on Part I, line 6b	la la	1			
	Other (specify):	d	2			
	Add lines d1 and d2				d	
8	Total expenses (Part I, line 17). Add lines c and d			•	0	
Pa	rt v-A Gurrent Officers, Directors, Trustees, and Ki	ey Employees (List ead	ch person who was	an o	fficer, direc	tor, trustee,
_	or key employee at any time during the year even if they we	ere not compensated.) (See	the instructions.)	(0) -		480 -
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter	emple plans	ntributions to oyee benefit a deferred	(E) Expense account and other allowance
RI	MA BLACKWELL	PRESIDENT		Compe	connon plans	
17:	12 22ND ST.		_			
ĒVI	ERETT, WA 98201	10.	0.	1		
	RK LEE		U.		0 -	0
		SECRETARY	0.	-	0.	0
		SECRETARY	0.		0.	0
92	1 130TH ST. S.W., #A-102 ERETT, WA 98204	SECRETARY 5.	0.			
92: EVI	1 130TH ST. S.W., #A-102				0.	
92 EVI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ	5.				
92: EVI ATI 45	I 130TH ST. S.W., #A-102 ERETT, WA 98204	5.				0
92 EVI ATI 45 SEI GOI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY	5. OFFICER	0.		0.	0
92 EVI ATI 45 SEI GOI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118	5. OFFICER	0.		0.	0
92: EVI 45: SE: GOI 130	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY	5. OFFICER	0.		0.	0
PO SEVI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E.	5. OFFICER 2. VICE PRESIDEN	0. T		0.	0
92: EVI 45: SEI GOI 130 EVI DEI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208	5. OFFICER 2. VICE PRESIDEN 5.	0. T		0.	0
PEVI ATA ATA SEI GOI 130 EVI DEI 10	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE	5. OFFICER 2. VICE PRESIDEN 5.	0. T		0.	0
92: EVI ATZ 45: GOI 130: EVI DEI 10: MAI BAI	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270 RBARA OTONICAR	5. OFFICER  2. VICE PRESIDEN  5. TREASURER	0. 0. T		0.	0
92: EVI 45: SEI GOI 130: EVI DEI 10: MAI 13:	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270	5. OFFICER  2. VICE PRESIDEN  5. TREASURER  5.	0. 0. T		0.	0
92: EVI 45: SEI GOI 130: EVI DEI 10: MAI 13:	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270 RBARA OTONICAR 37 DOMINION LAKES BLVD.	5. OFFICER  2. VICE PRESIDEN  5. TREASURER  5. OFFICER	0. 0. T		0.	0
92: EVI 45: SEI GOI 130: EVI DEI 10: MAI 13:	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270 RBARA OTONICAR 37 DOMINION LAKES BLVD.	5. OFFICER  2. VICE PRESIDEN  5. TREASURER  5. OFFICER	0. 0. T		0.	0
92: EVI 45: SEI GOI 130: EVI DEI 10: MAI 13:	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270 RBARA OTONICAR 37 DOMINION LAKES BLVD. ESAPEAKE, VA 23320	5. OFFICER  2. VICE PRESIDEN  5. TREASURER  5. OFFICER	0. 0. T		0.	0
92: EVI 45: SEI GOI 130: EVI DEI 10: MAI 13:	I 130TH ST. S.W., #A-102 ERETT, WA 98204 AHUALPA MARTINEZ 46 34TH AVE S ATTLE, WA 98118 RDON MCELROY 004 25TH AVE. S.E. ERETT, WA 98208 BORAH PARKER-GEORGE 46 BEACH AVE #E RYSVILLE, WA 98270 RBARA OTONICAR 37 DOMINION LAKES BLVD. ESAPEAKE, VA 23320	5. OFFICER  2. VICE PRESIDEN  5. TREASURER  5. OFFICER	0. 0. T		0.	0 0
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and the same of	IV-A Current Officers, Directors, Trustees, and Ke			-2.750		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to	o vote on organization bu	siness at board				
	meetings		Þ	6			
h	Are any officers, directors, trustees, or key employees listed in Form	990. Part V-A. or highest a	compensated emol	Ovece			
	listed in Schedule A, Part I, or highest compensated professional and						
	Part II-A or II-B, related to each other through family or business relat	ionships? If "Yes," attach	a statement that is	dentifies			
	the individuals and explains the relationship(s)				75b		X
	Do any officers, directors, trustees, or key employees listed in Form 9						
	listed in Schedule A, Part I, or highest compensated professional and						
	Part II-A or II-B, receive compensation from any other organizations,	whether tax exempt or tax	able that are relat	and to this			
	organization through common supervision or common control?				75c		X
	Note. Related organizations include section 509(a)(3) supporting org	anizations.					
	If "Yes," attach a statement that identifies the individuals, explains the relations		and the other organ	ization(s), and			
	describes the compensation arrangements, including amounts paid to each in	dividual by each related orga	nization.				
d	Does the organization have a written conflict of interest policy?				75rt	Х	990000000
Par	t V-B Former Officers, Directors, Trustees, and Key	v Employees That F	Received Com	pensation	or Ot	her	
	Benefits (If any former officer, director, trustee, or key en	ployee received compens	sation or other ben	efits (describe	ed belo	w) dur	ina
	the year, list that person below and enter the amount of cor	mpensation or other benef	fits in the appropria	ate column. Se	e the in	structio	ons.)
	/A\ No	(D) 1		(D) Contributions	to (I	E) Expe	nse
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	employee benel plans & deferre	d ath	ccount	and
	110412			compensation pla	ins our	si alluw	ances
			1				
					_		
_					-		_
_			-		-		
	The Arms of Control of the Control of Contro				_		
Pai	t VI Other Information (See the Instructions.)				1110000	Yes	No
76	Did the organization engage in any activity not previously reported to	the IRS? If "Yes," attach	a detailed				
	description of each activity				76		X
77	Were any changes made in the organizing or governing documents is				77		X
	If "Yes," attach a conformed copy of the changes.		······································				
78 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this re	turn?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	CHARLE DEGOLD CHESTON TO SELECTION	Property of the Paris, Children and		78b		
79	Was there a liquidation, dissolution, termination, or substantial contr				79		X
	Is the organization related (other than by association with a statewick				13		
ou d					20-	1	Х
	membership, governing bodies, trustees, officers, etc., to any other if *Yes.* enter the name of the organization N/A	exempt or nonexempt org	janization?		80a		Α
	If "Yes," enter the name of the organization N/A						
b		and design to the state of the	anneat at		E0000000000000000000000000000000000000		
		and check whether it is		nonexempt.			
81 a	Enter direct or indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-POL for this year?	ns.)	81a	0	81b		Х

	990 (2005) CHOICE & CONSEQUENCE		33-1027	240	P	age 7
	t VI Other Information (continued)				Yes	No
2 a	Did the organization receive donated services or the use of materials, equipment, or facilit	les at no charge	or at substantially			
	less than fair rental value?			82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.)	82b	N/A			
	Did the organization comply with the public inspection requirements for returns and exerc			83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo cor			83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such	ch contributions of	or gifts were not			
	tax deductible?		N/A	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by member	s?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unle	ss the organization	on received a			
	waiver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g	1	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the ar					-
	to its reasonable estimate of dues allocable to nondeductible lobbying and political exper	ditures for the				
	following tax year?		N/A	85h		
6	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities		N/A	1		
37	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources					
-	against amounts due or received from them.)	87h	N/A			
38	At any time during the year, did the organization own a 50% or greater interest in a taxab		nartnership			
	or an entity disregarded as separate from the organization under Regulations sections 30					
	If "Yes," complete Part IX			88	0000000000	X
39 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year					
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section		0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ex			Processor	0000000000	
	transaction during the year or did it become aware of an excess benefit transaction from					
	If "Yes," attach a statement explaining each transaction			895		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during			000		
3.57	sections 4912, 4955, and 4958	The state of the s				0
ď	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 ▶WA	***************************************				
	Number of employees employed in the pay period that includes March 12, 2005		onh l			- 2
	The books are in care of ▶ COLLEEN C. WILLIAMS	Telephon	e no. ► 360/4	35-7	7250	_
	Located at ▶ 425 N. OLYMPIC AVE., ARLINGTON, WA	rosopiion	ZIP+4 D			
h	At any time during the calendar year, did the organization have an interest in or a signature	re or other autho		022		
	over a financial account in a foreign country (such as a bank account, securities account				Yes	No
	account)?			91b	-	X
	If "Yes," enter the name of the foreign country ▶ N/A			910		A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Repo	rt of Earolan Pan	k			
	and Financial Accounts.	it or Poreigit Ban				
	At any time during the calendar year, did the organization maintain an office outside of the	a I laited States		910	-	X
G	If "Yes," enter the name of the foreign country N/A	e United States?		BIE	1	LA
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Che	ale hous			<b>L</b>	
16	security 4947(a)(1) nonexempt charitable trusts niing Form 990 in ileu of Form 1041- Che	uk nere	N 02	N		
	and enter the amount of tax-exempt interest received or accrued during the tax year		96		n 990	

ote: Enter gross amounts unless otherwis	unrelate	d business income	Excluded	by section 512, 513, or 514	15)
dicated.  3 Program service revenue:	(A) Business code	(B) Amount	(C) Exclu- sion	(D) Amount	Related or exempt function income
a SUBSTANCE ABUSE PRO			code		100000000000000000000000000000000000000
TION EDUCATION					58910
c					
d					
8					
f Medicare/Medicald payments					
g Fees and contracts from government a					
Membership dues and assessments			7.4		
Interest on savings and temporary cash inve			14		18
Dividends and interest from securities					
Net rental income or (loss) from real es					
a debt-financed property					
b not debt-financed property					
Net rental income or (loss) from person					
Other investment income Gain or (loss) from sales of assets			-		
other than inventory					
Net income or (loss) from special event					
2 Gross profit or (loss) from sales of inver					
3 Other revenue:			+		
8					
b					
c					
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8					
4 Subtotal (add columns (B), (D), and (E)	)	-	) .	0	F0000
		-		U	. 58928
			- 1000000000		-de-
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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) Monexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No. 1545-0047 2005

The of the organization CHOICE & CONSEQUENCE  CHOICE & CONSEQUENCE  COmpensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List seach one. If there are none, enter "None.")  (a) Name and address of each employee paid more than \$50,000  (b) Type of service  (c) Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List seach 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  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (f) Title and average hours port whether the position of the Professional Services  (see page 2 of the instructions. List seach 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  (c) Compensation  (d) Type of service  (e) Compensation  (e) Compensation  (f) Title and average hours pours proved and allowant	epartment of the Tri ntemal Revenue Sen	easury vice	Supplementary Inform  MUST be completed by the above of				7	2000
Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")  (a) Name and address of each employee paid none than \$50,000  (b) Title and average hours position  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (g) Expansion  (g) Expansio	ACADOMIC PROPERTY AND ADMINISTRATION OF THE PARTY AND ADMINIST	nization					Employer identi	
(a) Name and address of each employee pald more than \$50,000 (b) Title and average hours per week devoted to possition of the state of the state of the possition of the state of the st	Part I					Officers, Dire	ctors, and 1	rustees
DNE  Lal number of other employees paid  or \$50,000  Compensation of the Five Highest Paid Independent Contractors for Professional Services  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compens  ONE  Atal number of others receiving over  0,000 for professional services  Cart II-B  Compensation of the Five Highest Paid Independent Contractors for Other Services  (List each contractor who performed services other than professional services, whether individuals or firm. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compens  ONE  ONE	(a)	Name and add	ress of each employee paid	,	(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
er \$50,000	NONE							
er \$50,000								
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Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compens  ONE  Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (b) Type of service					0			
Atal number of others receiving over  9,000 for professional services  Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation of the Five Highest Paid Independent Contractors.)	Part II-A	Compens	ation of the Five Highest Paid				ional Service	ces
Atal number of others receiving over  9,000 for professional services  Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensional Contractors and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensional number of other contractors receiving over	(	(a) Name and ad	dress of each independent contractor paid m	ore tha	n \$50,000	(b) Type of	service	(c) Compensati
Opart II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensions  ONE  ONE								
Opart II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensions  ONE  ONE	Total number of	others receiving	over					
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000  (b) Type of service  (c) Compensions  ONE	\$50,000 for prof	essional service	s					
ONE  Data number of other contractors receiving over	Part II-B	(List each con	tractor who performed services other than pr	ofessio	nal services, whether individ		iervices	
otal number of other contractors receiving over		(a) Name and a	ddress of each independent contractor paid m	nore tha	an \$50,000	(b) Type of	service	(c) Compensat
70000 (	NONE							
70000 (								
70000 (								
70000 (								
70000 (								
			STORE STORY CONTRACTOR	. ▶	0			

3.545	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
		year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
		ion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
		S (Must equal amounts on line 38, Part VI-A, or			
	e i of Pa		1		X
		ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
CI	lecking	res," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
tr	ustees, d erson is a	year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, rectors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such fiffiliated as no fifties, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," letailed statement explaining the transactions.)			
8	tach a c	letailed statement explaining the transactions.)			
a 5	ase, excha	inge, or leasing of property?	28	-	X
bL	ending of	money or other extension of credit?	2b		х
e Fi	rnishina	of goods, services, or facilities?	0-		x
			2¢	-	A
d P	syment o	f compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	_
вТ	ansfer o	any part of its income or assets?	28		X
aD	o you ma	ke grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
у	ou determ	nine that recipients qualify to receive payments.)	3a		X
b D	o you ha	ve a section 403(b) annuily plan for your employees?	3b		X
c D	uring the	year, did the organization receive a contribution of qualified real property interest under section 170(h)?	30		X
a D	id you m	aintain any separate account for participating donors where donors have the right to provide advice			235
0	n the use	or distribution of funds?	4a		X
b D	o you pr	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pai	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	11.007/50		
	ganizatio	n is not a private foundation because it is: (Please check only ONE applicable box.)			
5	H	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	$\vdash$	A school. Section 170(b)(1)(A)(ii), (Also complete Part V.)			
7	$\vdash$	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	$\vdash$	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
8		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
200		and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)			
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	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 the supports organizations described to the support of the suppo	ibed 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 described the test of section 509(a)(2) above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).	bes		
		the type of supporting organization: ► Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Li	ine nun	nber ove
					7.07
			_		_

iei	Note: You may use the	worksheet in the instru	ked a box on line 10, 1 ctions for converting fr	1, or 12.) Use cash om the accrual to the	method of acc e cash method of	ounting. of account	ing.
egin	ndar year (or fiscal year uning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5050.	1166.	(4) 2002	(4) 2001		6216.
16	Membership fees received						0210.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	45725.	12800.				50525
18	Gross income from interest,	107201	12000.				58525.
	dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6.	1.				7.
19	Net income from unrelated business						
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	50781.	13967.	0.		0.	64748.
24	Line 23 minus line 17	5056.	1167.		em-		6223.
25	Enter 1% of line 23	508.	140.				
26	Organizations described on lines 10	or 11: a Enter 2% of an	nount in column (e), line 2	24		26a	N/A
b	Prepare a list for your records to sho unit or publicly supported organization						
	Do not file this list with your return.	Enter the total of all these	excass amounts	a the amount shown in	mie 20d.	26b	N/A
0	Total support for section 509(a)(1) te	est Enter line 24 column /e	1		<b>b</b>	26c	N/A
d	Add: Amounts from column (e) for lir	nes: 18	19 19			200	M/ El
		22	26b	The second second	-	26d	N/A
8	Public support (line 26c minus line 2	6d total)	Grant Comment of the Comment	alategram vega sampaga		26e	N/A
1	Public support percentage (line 26e	(numerator) divided by lis	ne 26c (denominator))			28f	N/A 9
7	Organizations described on line 12:	a For amounts included in	lines 15, 16, and 17 that	were received from a "d	lisqualified person	* nrenare a	list for your
	records to show the name of, and tob such amounts for each year:	al amounts received in each	n year from, each "disqual	lified person." Do not fil	e this list with yo	ur return. E	inter the sum of
	(2004)0	. (2003)	0 . (200	2)	0 - (200	)1)	0.
b	For any amount included in line 17 th and amount received for each year, th described in lines 5 through 11, as we the larger amount described in (1) or	at was received from each hat was more than the larg ell as individuals.) Do not fi	person (other than 'disqu er of (1) the amount on i le this list with your retu	ralified persons"), preparation 25 for the year or (2 mm. After computing the	re a list for your n 2) \$5,000. (Include difference between	ecords to she in the list on the armon	now the name of, organizations unt received and
	(2004) 0	. (2003)	0 - /200	ol	0 . (200	141	0
C	(2004)	nes: 15 58525 - 20	6216.	16		/1)   az-	64741
d	Add: Line 27a total	0 . and !	ine 27h total		0.	276	04/41.
	Public support (line 27c total minus I	ine 27d total)				270	64741.
8	Public support (line 27c total minus II Total support for section 509(a)(2) to	st: Enter amount on line 23	column (e)	971	64748.	6/6	04/41.
1	D. 1.1.	27e (numerator) divid	ed by line 27f (denom	inator))	<b>&gt;</b>	27a	99.9892%
1 9	Public support percentage (line						
h	Public support percentage (line Investment income percentage Jnusual Grants: For an organization o show, for each year, the name of the	(line 18, column (e) (n	umerator) divided by	line 27f (denominat	orl)	27h	.0108%

Schedule A (Form 990 or 990-EZ) 2005 CHOICE & CONSEQUENCE
Part V Private School Questionnaire (See page 7 of the Instruction

Par	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)	N/	A	
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	10	Yes	No
	instrument, or in a resolution of its governing body?	29		
0	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	1	
1	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.)	-		
		-		
2	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?	32b		_
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?	32d	-	
	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?		1	-
b	Admissions policies?		+	+
C	Employment of faculty or administrative staff?			+
d	Scholarships or other financial assistance?		-	+
8	Educational policies?		_	+
1	Use of facilities?		_	+
ā	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.)	330		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
04.5	Does the organization receive any financial aid or assistance from a governmental agency?	348		
	Does the organization's right to such aid ever been revoked or suspended?			1
U	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,	0000000	-	1
or Mil	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	

Schedule A (Form 990 or 990-EZ) 2005

chedule A (Form 990 or 990-EZ) 2005			laa (Coo soos D of)	he leetmet		33-10	027240 Page N/A
		cting Public Chariti cation that filed Form 5768)					2014-201
.eck ≥ a if the organization b	elongs to an affiliated g	roup. Check	b if you cha	cked "a" an	d "limited con	trol* provi	(b)
	on Lobbying E	5			(a) ated group totals		be completed for ALL lecting organizations
(The term exp	reliudules Tileans annot	into paid of modified./		N	/A		
6 Total lobbying expenditures to influ	ence public opinion (gr	assroots lobbying)	36	2390	57SEA		
7 Total lobbying expenditures to influ	ence a legislative body	(direct lobbying)					
B Total lobbying expenditures (add lin						_	
9 Other exempt purpose expenditures						_	
O Total exempt purpose expenditures			40				
<ol> <li>Lobbying nontaxable amount. Enter If the amount on line 40 is -</li> </ol>		nontaxable amount is -					
Not over \$500,000							
Over \$500,000 but not over \$1,000,000							
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess over \$1,000,0	00				
Over\$1,500,000 but not over\$17,000,00							
Over \$17,000,000							
2 Grassroots nontaxable amount (en 3 Subtract line 42 from line 36. Enter				-		+	
4 Subtract line 42 from line 36. Enter			STORY OF THE PARTY				
T Outstant min TI HOIH min OU. Cittle							
Caution: If there is an amount of	on either line 43 or lin	e 44, you must file Form	4720.				
(Som	e organizations that ma	Averaging Period U de a section 501(h) election tructions for lines 45 throug Lobbying Expe	do not have to comp	lete all of the	ons.)	is	N/A
Calendar year (or	e organizations that ma below. See the ins	de a section 501(h) election tructions for lines 45 throug Lobbying Expe (b)	do not have to comp h 50 on page 11 of th nditures During 4-Ye (c)	lete all of the	ing Period (d)	is	(e)
calendar year (or iscal year beginning in)	e organizations that ma below. See the ins	de a section 501(h) election tructions for lines 45 throug Lobbying Expe	do not have to comp h 50 on page 11 of th nditures During 4-Ye	lete all of the	ons.) ing Period	is .	
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Calendar year (or iscal year beginning in)	e organizations that ma below. See the ins	de a section 501(h) election tructions for lines 45 throug Lobbying Expe (b)	do not have to comp h 50 on page 11 of th nditures During 4-Ye (c)	lete all of the instruction	ing Period (d)	is .	(e) Total
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Calendar year (or iscal year beginning in)  15 Lobbying nontaxable amount  16 Lobbying ceiling amount  (150% of line 45(e))	e organizations that ma below. See the ins	de a section 501(h) election tructions for lines 45 throug Lobbying Expe (b)	do not have to comp h 50 on page 11 of th nditures During 4-Ye (c)	lete all of the instruction	ing Period (d)	is .	(e) Total
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	(c) Description of relationship	(c)

Schedule B (Form 990, 990-EZ, or 990-PF) spartment of the Treasury annal Revenue Service Name of organization

## **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047 2005

Employer identification number

	CHOICE & CONSEQUENCE	33-1027240
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note:</b> Only a section le and a Special Rule-see instructions.)	n 501(c)(7), (8), or (10) organization can check boxes
General Rule-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ons filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 complete Parts I and II.)	00 or more (in money or property) from any one
Special Rules-		
sections 509(a	501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 (3)(1)/170(b)(1)(4)(v)) and received from any one contributor, during the year on line 1 of these forms. (Complete Parts I and II.)	
aggregate con	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that rec titributions or bequests of more than \$1,000 for use exclusively for religiou he prevention of cruelty to children or animals. (Complete Parts I, II, and II	s, charitable, scientific, literary, or educational
some contribu \$1,000. (If this charitable, etc	501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that rec utions for use exclusively for religious, charitable, etc., purposes, but these s box is checked, enter here the total contributions that were received duri c., purpose. Do not complete any of the Parts unless the General Rule app y religious, charitable, etc., contributions of \$5,000 or more during the yea	contributions did not aggregate to more than ng the year for an exclusively religious, olies to this organization because it received
they must check the b	s that are not covered by the General Rule and/or the Special Rules do not ox in the heading of their Form 990, Form 990-EZ, or on line 2 of their Forn ule B (Form 990, 990-EZ, or 990-PF).	
The state of the s	Reduction Act Notice, see the Instructions orm 990-EZ, and Form 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (200
ioi roilli 990, PC	ani voo-may and foliii oover.	

HOIC	E & CONSEQUENCE	33	3-1027240
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PROVIDENCE GENERAL FOUNDATION  EVERETT, WA	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	EVERETT CLINIC FOUNDATION  EVERETT, WA	\$\$	Person X Payroil Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	TULALIP TRIBE  MARYSVILLE, WA	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Oncash Occupiete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.

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No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
,,,	2DIGITAL RECORDER	05050	020905200DB5.00	2.00	19B	197.			197.			39
	3HANDSET PHONE	08110	081105200DB5.00	5.00	19B	117.			117.			23
7	4OFFICE EQUIPMENT	08140	081405200DB5.00	5.00	19B	1228.			1228.			246,
	SSTORAGE CABINET	08300	083005200DB7,00	7.00	19C	408.			408.			58
	6DIGITAL CAMERA	04190	041905200DB5.00	2.00	19B	1000.			1000.			200
	TCOMPUTER	08030	080305200085.00	2.00	19B	1315.			1315.			263
~	8PRINTER/SCANNER	09010	090105200DB5.00	5.00	19B	702.			702.			140
91	9PRINTER	12130	121305200DB5.00	5.00	19B	262.			262.			52
10	10OFFICE FURNITURE	08020	080505200DB7.00	7.00	19C	2882.			2882.			412.
	* 990 PAGE 2 TOTAL DIHER					8111.		0.	8111.	0.	0.	1433.
	MANAGEMENT AND GENERAL											
-1	OMPUTER	043004	043004Z00DB5.00		17	1622.		1622.				.0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					1622.		1622.	0.	0.	o	0
	* GRAND TOTAL 990 PAGE 2 DEPR					9733.		1622.	8111.	0.	0.	1433.

FOPM 990	OTHER	REXPENSES		STATEMENT	1
	50-10				
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
DUES/MEMBERSHIP FEES	100.	29.81	100.		
MISCELLANEOUS	7.	7.			
PROMOTIONAL EXPENSES	4150.	4150.			
COMPUTER SERVICE	1671.		1671.		
PUBLICATIONS AND SUBSCRIPTIONS	200		200		
LIABILITY INSURANCE	390.	705	390.		
STATE TAXES	1370. 794.	795.			
UTILITIES/OCCUPANCY	194.		794.		
COSTS	793.		793.		
STAFF DEVELOPMENT	656.		656.		
CASUAL LABOR	2040.	2040.			
FUND RAISING FEES	219.	2040.		2	19.
STATE FILING FEES	85.		85.	4	12.
SOFTWARE	412.		412.		
BOARD OF DIRECTOR			***		
MEETINGS	179.		179.		
OPEN HOUSE	426.	426.			
EMPLOYEE RECOGNITION	113.	113.			
WATER	178.	178.			
E EXTINGUISHER	46.		46.		
- D DALLINGOLDHER					
_	13629.	7709.	5701.	2	19.
TOTAL TO FM 990, LN 43	13629.			2 STATEMENT	19.
TOTAL TO FM 990, LN 43	ON OF ASSETS 1	NOT HELD FOR			2
FORM 990 DEPRECIATION	ON OF ASSETS 1	NOT HELD FOR COST OR HER BASIS	INVESTMENT  ACCUMULATED DEPRECIATION	STATEMENT	2 E
FORM 990 DEPRECIATION	ON OF ASSETS 1	NOT HELD FOR	INVESTMENT	STATEMENT BOOK VALUE	E
FORM 990 DEPRECIATION  COMPUTER DIGITAL RECORDER	ON OF ASSETS 1	NOT HELD FOR COST OR HER BASIS	INVESTMENT  ACCUMULATED DEPRECIATION  1622.	STATEMENT BOOK VALU	E 0 58
FORM 990 DEPRECIATION COMPUTER	ON OF ASSETS 1	NOT HELD FOR COST OR HER BASIS 1622. 197.	INVESTMENT  ACCUMULATED DEPRECIATION  1622. 39.	STATEMENT BOOK VALU	E 0 58 94
FORM 990 DEPRECIATION  COMPUTER DIGITAL RECORDER HANDSET PHONE OFFICE EQUIPMENT	ON OF ASSETS 1	NOT HELD FOR COST OR HER BASIS 1622. 197.	INVESTMENT  ACCUMULATED DEPRECIATION  1622. 39. 23.	STATEMENT  BOOK VALU  1 9	E 0 58 94 82
FORM 990 DEPRECIATION  COMPUTER DIGITAL RECORDER HADDET PHONE OFFICE EQUIPMENT STORAGE CABINET	ON OF ASSETS 1	NOT HELD FOR COST OR HER BASIS 1622. 197. 117. 1228.	INVESTMENT  ACCUMULATED DEPRECIATION  1622. 39. 23. 246.	STATEMENT  BOOK VALU  1  9 3	E 0 58 94 82 50
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FORM 990 DEPRECIATION  COMPUTER DIGITAL RECORDER HANDSET PHONE OOFFICE EQUIPMENT STORAGE CABINET DIGITAL CAMERA COMPUTER PRINTER/SCANNER PRINTER	ON OF ASSETS 1	NOT HELD FOR  COST OR HER BASIS  1622. 197. 117. 1228. 408. 1000. 1315. 702. 262.	INVESTMENT  ACCUMULATED DEPRECIATION  1622. 39. 23. 246. 58. 200. 263.	BOOK VALU  1 9 3 8 10 5	2
FORM 990 DEPRECIATION  COMPUTER DIGITAL RECORDER HANDSET PHONE OFFICE EQUIPMENT STORAGE CABINET DIGITAL CAMERA COMPUTER PRINTER/SCANNER	ON OF ASSETS 1	NOT HELD FOR  COST OR HER BASIS  1622. 197. 117. 1228. 408. 1000. 1315. 702.	INVESTMENT  ACCUMULATED DEPRECIATION  1622. 39. 23. 246. 58. 200. 263. 140.	BOOK VALU  1 9 3 8 10 5 2	E 0 58 94 82 50 00 52 62

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2005

Attach to your tax return Sequence No. 67 CHOICE & CONSEQUENCE CHOICE & CONSEQUENCE

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 105000. FORM 990 PAGE 2 2 Total cost of section 179 property placed in service (see instructions) 2 420000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter-0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2005 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .... Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System sis for depre (a) Classification of property (d) Recovery period 19a 3-year property 200DB 200DB 4821. 5 YRS. HY 963. b 5-year property 3290. 7 YRS. 470. HY 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L MM S/L 40 yrs. Part IV Summary (see instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1433. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

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Form 4562 (2005) (Rev. 1-2006)