

**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)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C Name of organization**  
**FARESTART**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**700 VIRGINIA STREET**  
 City or town, state or country, and ZIP + 4  
**SEATTLE WA 98101**

**D Employer identification number**  
**91-1546757**

**E Telephone number**  
**206-443-1233**

**G Gross receipts \$** **6,014,515**

**F Name and address of principal officer:** \_\_\_\_\_

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶ \_\_\_\_\_

**I Tax-exempt status:**  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.FARESTART.ORG**

**K Type of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L Year of formation:** \_\_\_\_\_ **M State of legal domicile:** \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>116</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2000</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,083,845</b>	<b>3,537,451</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,294,522</b>	<b>2,344,460</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-4,622</b>	<b>101,176</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-164,516</b>	<b>-159,396</b>
		<b>5,209,229</b>	<b>5,823,691</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,614,166</b>	<b>2,836,452</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>673,817</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,787,635</b>	<b>2,655,368</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,401,801</b>	<b>5,491,820</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-192,572</b>	<b>331,871</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>11,897,789</b>	<b>24,347,532</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>398,169</b>	<b>16,393,688</b>
	<b>11,499,620</b>	<b>7,953,844</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **FINNEY, NEILL & COMPANY, P.S.**  
**9757 GREENWOOD AVE N**  
**SEATTLE, WA 98103**

EIN ▶ \_\_\_\_\_ Phone no. ▶ **206-298-9811**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **4,162,393** including grants of \$ ) (Revenue \$ )

**FARESTART PROVIDED 700 HOMELESS ADULTS AND 40 YOUTH WITH OPPORTUNITIES TO TRANSFORM THEIR LIVES AND END THEIR CYCLE OF HOMELESSNESS. FARESTART PROVIDED 500,000 NUTRITIOUS MEALS TO PEOPLE IN NEED THROUGHOUT THE SEATTLE/KING COUNTY AREA. THROUGH ITS NATIONAL NETWORK, FARESTART ASSISTED 12 TRAINING PROGRAMS IN SERVING 500 HOMELESS AND DISADVANTAGED YOUTH AND ADULTS AND PROVIDING 2 MILLION MEALS TO PEOPLE IN NEED THROUGHOUT THE COUNTRY.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ► 4,162,393**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
	<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<b>X</b>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<b>X</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>X</b>	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> <b>27</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> <b>0</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>116</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **WA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **MEGAN KARCH** **700 VIRGINIA STREET** **SEATTLE WA 98101** **206-443-1233**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ASHLEY HULSEY PRESIDENT	1.00	X		X				0	0	0
BILL ADAMUCCI MEMBER	1.00	X						0	0	0
BOB NELSON MEMBER	1.00	X						0	0	0
CONNIE CLARK REDMOND MEMBER	1.00	X						0	0	0
DAVID LINTON MEMBER	1.00	X						0	0	0
GERRY ADAMS PAST PRES.	1.00	X		X				0	0	0
JERRY MEYER VP STRATEGY	1.00	X		X				0	0	0
JOANNA SMITH VP RESOURCES	1.00	X		X				0	0	0
JOANNE BLACKBURN MEMBER	1.00	X						0	0	0
JON PETTIT PRES. ELECT	1.00	X		X				0	0	0
MARY YU SECRETARY	1.00	X		X				0	0	0
KEN GLASS MEMBER	1.00	X						0	0	0
LISA CLARKE MEMBER	1.00	X						0	0	0
LYN TANGEN MEMBER	1.00	X						0	0	0
MOLLY HANCOCK MEMBER	1.00	X						0	0	0
NORM SWICK MEMBER	1.00	X						0	0	0
PATRICIA A. HOVDA-PEDERSEN TREASURER	1.00	X		X				0	0	0



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events	359,340			
	1d	Related organizations				
	1e	Government grants (contributions)	673,894			
	1f	All other contributions, gifts, grants, and similar amounts not included above	2,504,217			
	g	Noncash contributions included in lines 1a-1f: \$	337,112			
	h	<b>Total.</b> Add lines 1a-1f	3,537,451			
Program Service Revenue	2a	FOOD SERVICE REVENUE	1,023,833	1,023,833		
	b	CAFE SALES	630,320	630,320		
	c	CATERING	452,208	452,208		
	d	GUEST CHEF	238,099	238,099		
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f	2,344,460			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	101,176			101,176
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 359,340 of contributions reported on line 1c). See Part IV, line 18	460,698				
b	Less: direct expenses	190,824				
c	Net income or (loss) from fundraising events	269,874			269,874	
9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Busn. Code			
11a	MISCELLANEOUS		93,488			93,488
b	FARESTART PROPERTIES LLC		-522,758	-522,758		
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d		-429,270			
12	<b>Total Revenue.</b> See instructions.		5,823,691	1,821,702	0	464,538

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,398,115	1,779,305	314,648	304,162
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	438,337	341,488	56,209	40,640
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	264,399	72,603	146,213	45,583
12 Advertising and promotion				
13 Office expenses	161,451	73,063	13,620	74,768
14 Information technology				
15 Royalties				
16 Occupancy	415,667	347,415	36,169	32,083
17 Travel	5,426	4,729	315	382
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,836	847	989	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,544	29,529	6,971	2,044
23 Insurance	65,565	58,680	3,934	2,951
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COST OF GOODS SOLD	780,198	757,750		22,448
b STUDENT SUPPORT	346,476	345,678	798	
c RESTAURANT AND CAFE OPERA	265,680	243,515	11,566	10,599
d BANK CHARGES	62,766	31,908	11,166	19,692
e SPACE RENTAL	62,519			62,519
f All other expenses	184,841	75,883	53,012	55,946
25 Total functional expenses. Add lines 1 through 24f	5,491,820	4,162,393	655,610	673,817
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing	113,995	1	1,993,161	
	2	Savings and temporary cash investments	869,031	2	173,614	
	3	Pledges and grants receivable, net	256,490	3	244,744	
	4	Accounts receivable, net	552,032	4	376,544	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net	9,793,953	7	9,648,806	
	8	Inventories for sale or use	32,818	8	29,634	
	9	Prepaid expenses and deferred charges	48,936	9	81,074	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,088,736		
	b	Less: accumulated depreciation	10b	1,448,725	10c	9,640,011
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14	947,386	
	15	Other assets. See Part IV, line 11	177,553	15	1,212,558	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,897,789	16	24,347,532		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	356,893	17	573,580	
	18	Grants payable		18		
	19	Deferred revenue	29,226	19	34,770	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23	15,679,572	
	24	Unsecured notes and loans payable to unrelated third parties		24	97,359	
25	Other liabilities. Complete Part X of Schedule D	12,050	25	8,407		
26	<b>Total liabilities.</b> Add lines 17 through 25	398,169	26	16,393,688		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	11,499,620	27	7,718,596	
	28	Temporarily restricted net assets		28	235,248	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	11,499,620	33	7,953,844		
34	<b>Total liabilities and net assets/fund balances</b>	11,897,789	34	24,347,532		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**FARESTART**

Employer identification number

**91-1546757**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,505,783	5,927,291	2,438,089	3,083,845	3,537,451	18,492,459
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,505,783	5,927,291	2,438,089	3,083,845	3,537,451	18,492,459
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,826,259
<b>6 Public support.</b> Subtract line 5 from line 4						16,666,200

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	3,505,783	5,927,291	2,438,089	3,083,845	3,537,451	18,492,459
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,326				101,176	119,502
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					92,488	92,488
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,226	3,988,794	-203,573	-169,138	460,698	4,084,007
<b>11 Total support.</b> Add lines 7 through 10						22,788,456
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	8,704,403
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	73.13%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	75.97%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 3,623,309**

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

**FARESTART**

Employer identification number

**91-1546757**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**FARESTART**

Employer identification number

**91-1546757**

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 153,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 109,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 335,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 75,929	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

FARESTART

91-1546757

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,442,204		2,442,204
b Buildings		6,872,398	516,508	6,355,890
c Leasehold improvements				
d Equipment		1,774,134	932,217	841,917
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				<b>9,640,011</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,823,691
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,491,820
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	331,871
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-309,389
9	Total adjustments (net). Add lines 4 through 8	9	-309,389
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	22,482

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	5,608,825
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	99,880
e	Add lines 2a through 2d	2e	99,880
3	Subtract line 2e from line 1	3	5,508,945
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	314,746
c	Add lines 4a and 4b	4c	314,746
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,823,691

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,586,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	874,721
e	Add lines 2a through 2d	2e	874,721
3	Subtract line 2e from line 1	3	4,711,622
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	780,198
c	Add lines 4a and 4b	4c	780,198
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,491,820

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

<b>PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER</b>			
FARESTART PROPERTIES - INTEREST INCOME		\$	4,952
FARESTART PROPERTIES - RENT INCOME		\$	94,928
COST OF GOODS SOLD		\$	-780,198
INTERCOMPANY MANAGEMENT FEES		\$	-57,306
LOSS FROM FARESTART PROPERTIES		\$	522,758
FARESTART PROPERTIES - BANK CHARGES		\$	-184

Part XIV Supplemental Information (continued)

FARESTART PROPERTIES - INTEREST EXPENSE	\$	-236,412
FARESTART PROPERTIES - PROFESSIONAL FEES	\$	-30,684
FARESTART PROPERTIES - DEPRECIATION AND AMORTIZATION	\$	-591,249
FARESTART PROPERTIES - MINORITY INTEREST	\$	-16,192
COST OF GOODS SOLD	\$	780,198

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FARESTART PROPERTIES - INTEREST INCOME	\$	4,952
FARESTART PROPERTIES - RENT INCOME	\$	94,928

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF GOODS SOLD	\$	780,198
INTERCOMPANY MANAGEMENT FEES	\$	57,306
LOSS FROM FARESTART PROPERTIES	\$	-522,758

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FARESTART PROPERTIES - BANK CHARGES	\$	184
FARESTART PROPERTIES - INTEREST EXPENSE	\$	236,412
FARESTART PROPERTIES - PROFESSIONAL FEES	\$	30,684
FARESTART PROPERTIES - DEPRECIATION AND AMORTIZATION	\$	591,249
FARESTART PROPERTIES - MINORITY INTEREST	\$	16,192

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF GOODS SOLD	\$	780,198
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>AUCTION</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	820,038		820,038
	2	Less: Charitable contributions	359,340		359,340
	3	Gross revenue (line 1 minus line 2)	460,698		460,698
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	190,824		190,824
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				269,874

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility .....
- b** An outside facility .....

		Yes	No
<b>13a</b>	%		
<b>13b</b>	%		

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

<b>15a</b>			
<b>17a</b>			

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FARESTART**

Employer identification number  
**91-1546757**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>1</b>	<b>303,734</b>	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )	<b>X</b>	<b>1</b>	<b>33,378</b>	
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	<b>29</b>
--	-----------

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

FARESTART

Employer identification number  
91-1546757

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

FARESTART PROVIDES A COMMUNITY THAT TRANSFORMS LIVES BY EMPOWERING HOMELESS AND DISADVANTAGED MEN, WOMEN AND FAMILIES TO ACHIEVE SELF-SUFFICIENCY THROUGH LIFE SKILLS, JOB TRAINING AND EMPLOYMENT IN THE FOOD SERVICE INDUSTRY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCE OFFICER PRIOR TO THE TAX RETURN BEING COMPLETED BY THE OUTSIDE CPA. A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS VIA EMAIL PRIOR TO FILING THE TAX RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION DOES NOT ALLOW MEMBERS OF THE BOARD OF DIRECTORS WHO HAVE CONFLICTS OF INTEREST RELATED TO A SPECIFIC ISSUE TO VOTE ON THAT ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE COMPLETES A 360 DEGREE PERFORMANCE REVIEW AND USES AN OUTSIDE SURVEY SOURCE (THE UNITED WAY OF KING COUNTY SALARY SURVEY OF NON-PROFITS) FOR THE REGION. THE COMMITTEE THEN DISCUSSES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DECIDES ON THE SALARY AS A GROUP. THE EXECUTIVE DIRECTOR DOES NOT PARTICIPATE IN THESE DISCUSSIONS OR DECISIONS. THE EXECUTIVE COMMITTEE THEN MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS THE PERFORMANCE EVALUATION AND THE SALARY ADJUSTMENT.

Name of the organization

**FARESTART**

Employer identification number

**91-1546757**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 AVAILABLE TO THE GENERAL PUBLIC ON ITS WEBSITE. ALL OTHER DOCUMENTS, SUCH AS: CONFLICT OF INTEREST POLICY; ORGANIZATIONAL DOCUMENTS; IRS FORM 1023; AND INTERIM FINANCIAL INFORMATION, ARE MADE AVAILABLE AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE UPON REQUEST.

SCHEDULE O - ADDITIONAL INFORMATION

FARESTART OWNS A 53% INTEREST IN FARESTART PROPERTIES LLC. AS SUCH FARESTART PROPERTIES LLC IS FULLY CONSOLIDATED FOR PURPOSES OF THE AUDITED FINANCIAL STATEMENTS OF FARESTART. FARESTART HAS REPORTED UNCONSOLIDATED AMOUNTS IN FORM 990 PART VIII AND PART IX. ADJUSTMENTS TO MATCH THE AUDITED AMOUNTS ARE REFLECTED IN SCHEDULE D, PARTS XI, XII, XIII, AND XIV.

FARESTART HAS REPORTED ON FORM 990, PART X, COLUMN B THE AMOUNTS REFLECTED ON ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS. COLUMN A IS REPORTED ON AN UNCONSOLIDATED BASIS CONSISTENT WITH THE PRIOR YEAR. AN ADJUSTMENT TO FORM 990, PART X, COLUMN B, LINE 33 OF \$3,568,258 HAS BEEN RECORDED TO REFLECT THIS CHANGE IN PRESENTATION.



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
FARESTART PROPERTIES LLC 700 VIRGINIA STREET SEATTLE WA 98101 20-4392358	RENTAL R/E	WA	N/A	EXCLUDED	-522,758	8,043,029		X		X
.....										
.....										
.....										
.....										

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
.....							
.....							
.....							
.....							
.....							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)	X	
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	FARESTART PROPERTIES LLC	D	11,520,190
(2)			
(3)			
(4)			
(5)			
(6)			



For calendar year 2009, or tax year beginning , and ending

Name

Employer Identification Number

**FARESTART**

**91-1546757**

**FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) <b>CDF INVESTMENT FUND IV</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>6,513,542</b>	<b>03/31/06</b>	<b>03/31/36</b>	<b>PRIN &amp; ACCRUED INT @2036</b>	<b>1.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>9,793,953</b>	<b>9,648,806</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>9,793,953</b>	<b>9,648,806</b>	

For calendar year 2009, or tax year beginning , and ending

Name

Employer Identification Number

**FARESTART**

**91-1546757**

**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender

Relationship to disqualified person

(1)	<b>COMMUNITY DEELOPEMENT FUNDING IV LLC</b>	
(2)	<b>COMMUNITY DEVELOPMENT FUNDING IV LLC</b>	
(3)	<b>COMMUNITY DEVELOPMENT FUNDING V LLC</b>	
(4)	<b>NOTE PAYABLE - CHEVROLET VAN</b>	
(5)	<b>NOTE PAYABLE - CHEVROLET VAN</b>	
(6)		
(7)		
(8)		
(9)		
(10)		

Original amount borrowed

Date of loan

Maturity date

Repayment terms

Interest rate

(1)	<b>600,000</b>	<b>03/30/06</b>	<b>03/31/13</b>	<b>INTEREST UNTIL MATURITY</b>	<b>6.750</b>
(2)	<b>10,460,190</b>	<b>03/30/06</b>	<b>03/31/36</b>	<b>INTEREST UNTIL MATURITY</b>	<b>1.275</b>
(3)	<b>4,600,000</b>	<b>03/30/06</b>	<b>03/31/36</b>	<b>INTEREST UNTIL MATURITY</b>	<b>1.000</b>
(4)			<b>01/31/12</b>	<b>PRINCIPAL AND INTEREST</b>	<b>6.490</b>
(5)			<b>01/31/12</b>	<b>PRINCIPAL AND INTEREST</b>	<b>6.490</b>
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower

Purpose of loan

(1)	<b>LAND AND BUILDING</b>	
(2)	<b>LAND AND BUILDING</b>	
(3)	<b>LAND AND BUILDING</b>	
(4)	<b>CHEVROLET VAN</b>	
(5)	<b>CHEVROLET VAN</b>	
(6)		
(7)		
(8)		
(9)		
(10)		

Consideration furnished by lender

Balance due at beginning of year

Balance due at end of year

(1)		<b>600,000</b>
(2)		<b>10,460,190</b>
(3)		<b>4,600,000</b>
(4)		<b>9,782</b>
(5)		<b>9,600</b>
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		<b>15,679,572</b>

# Federal Asset Report

## FIXED ASSETS

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	ICD PROJECTOR	6/01/02	1,500				1,500	7	MO S/L	1,411	89
	Sold/Scrapped: 12/01/09										
6	VERITAS SOFTWARE	12/31/04	1,500				1,500	3	MO S/L	1,500	0
	Sold/Scrapped: 12/01/09										
7	PRO-LINE AV EQUIP	12/31/04	1,985				1,985	5	MO S/L	1,588	364
	Sold/Scrapped: 12/01/09										
8	DELL LAPTOP-MEGAN	6/01/06	2,335				2,335	5	MO S/L	1,207	467
9	EASY eBANK RECOM SOFTWARE	5/01/06	2,211				2,211	3	MO S/L	1,179	737
10	DYNAMICS GP BUSINESS READY LIC	9/19/08	11,361				11,361	3	MO S/L	757	3,787
11	LAMARZOCCO EXPRESSO MACHING	1/12/01	3,500				3,500	3	MO S/L	3,500	0
12	AUCTION SOFTWARE	2/19/02	1,727				1,727	5	MO S/L	1,727	0
13	ADOBE PHOTOSHOP SOFTWARE	12/31/04	15,333		X		15,324	5	MO S/L	12,265	3,064
14	HOBART 40 QT MIXER	12/31/08	4,500				4,500	3	MO S/L	0	1,500
15	ESPRESSO CART	5/21/04	45,000				45,000	5	MO S/L	42,000	3,000
17	COFFEE CART(NOT IN SERVICE)	12/31/04	6,250				6,250	0	-- Memo	0	0
19	VERISMO ESPRESSO MACHING	5/21/04	15,000				15,000	5	MO S/L	14,000	1,000
20	TIMECLOCK	1/26/05	910				910	5	MO S/L	728	167
	Sold/Scrapped: 12/01/09										
21	LOCKERS	3/28/01	2,290				2,290	7	MO S/L	2,290	0
24	2002 FORD CARGO VAN (LEASED)	2/01/03	14,476				14,476	3	MO S/L	14,476	0
25	1997 CHEVY ASTRO	10/09/03	7,000				7,000	3	MO S/L	7,000	0
26	2004 CHEVY EXPRESS VAN (LEASED)	3/11/04	15,850				15,850	3	MO S/L	15,850	0
	Sold/Scrapped: 10/01/09										
27	MEALMASTER DATABASE	5/01/04	3,500				3,500	5	MO S/L	3,267	233
28	2006 FORD ECONOLINE	6/27/05	26,432				26,432	3	MO S/L	26,432	0
29	DELL ISPIRON LAPTOP 2.4GHZ CELER	7/01/04	1,035				1,035	5	MO S/L	932	103
30	ICE MAKER	9/30/04	1,875				1,875	5	MO S/L	1,625	250
31	TIMECLOCK	1/26/05	910				910	5	MO S/L	728	167
	Sold/Scrapped: 12/01/09										
34	DIGITAL CAMERA	2/20/03	513				513	5	MO S/L	513	0
36	OFFICE FURNITURE	11/28/08	4,006				4,006	5	MO S/L	134	801
37	ADVANTAGE 4100 COMPUTER W/MO	6/27/03	635				635	5	MO S/L	635	0
	Sold/Scrapped: 12/01/09										
38	DELL POWEREDGE COMP	4/05/00	6,797				6,797	5	MO S/L	6,797	0
39	COPY MACHINE-SHARP MX3501N (LE	10/01/06	19,314				19,314	5	MO S/L	8,692	3,862
40	DELL COMPUTER SERVER	1/01/03	3,451				3,451	5	MO S/L	3,451	0
41	AVAYA TELEPHONE SYS (LEASED)	2/04/03	29,274				29,274	7	MO S/L	24,743	4,182
42	GREAT PLAINS ACCOUNTING SOFTW.	11/20/03	10,499				10,499	5	MO S/L	10,499	0
43	GREAT PLAINS PAYROLL DIRECT DEI	12/29/03	1,775				1,775	5	MO S/L	1,775	0
44	DELL COMPUTER SERVER	9/19/04	5,998				5,998	5	MO S/L	5,198	800
45	TICKTOCK TIMECLOCK SYSTEM	10/26/04	6,915				6,915	5	MO S/L	5,878	1,037
	Sold/Scrapped: 12/01/09										
46	LAMARZOCCO 3 GROUP ESPRESSO M	6/01/02	15,000				15,000	5	MO S/L	15,000	0
47	LA MARZOCCO 3 GROUP ESPRESSO M	6/01/02	9,000				9,000	3	MO S/L	9,000	0
48	Dell Server	12/31/09	5,089				5,089	5	MO S/L	0	0
49	Dell Server	12/31/09	5,089				5,089	5	MO S/L	0	0
50	Security System Card Readers	6/25/09	10,205				10,205	4	MO S/L	0	1,276
51	Rascillio Classe 6L Group Head Expresso M	3/31/09	5,000				5,000	3	MO S/L	0	1,250
52	Miscros Systems	5/01/09	13,096				13,096	3	MO S/L	0	2,910
53	2008 Chevy Express Van Vin 2148	5/01/09	16,917				16,917	5	MO S/L	0	2,256
54	2008 Chevy Express Van Vin 2841	5/01/09	16,697				16,697	5	MO S/L	0	2,226
55	Dynamics GP HR Module	7/27/09	3,371				3,371	3	MO S/L	0	468
56	Unitime Timeclock System	8/13/09	13,632				13,632	5	MO S/L	0	1,136
	<b>Total Other Depreciation</b>		<b>388,753</b>				<b>388,744</b>			<b>246,777</b>	<b>37,132</b>
	<b>Total ACRS and Other Depreciation</b>		<b>388,753</b>				<b>388,744</b>			<b>246,777</b>	<b>37,132</b>
	<b>Grand Totals</b>		<b>388,753</b>				<b>388,744</b>			<b>246,777</b>	<b>37,132</b>
	<b>Less: Dispositions and Transfers</b>		<b>30,205</b>				<b>30,205</b>			<b>28,318</b>	<b>1,824</b>
	<b>Less: Start-up/Org Expense</b>		<b>0</b>				<b>0</b>			<b>0</b>	<b>0</b>
	<b>Net Grand Totals</b>		<b>358,548</b>				<b>358,539</b>			<b>218,459</b>	<b>35,308</b>

91-1546757

# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

# Future Depreciation Report    FYE: 12/31/10

## FIXED ASSETS

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
8	DELL LAPTOP-MEGAN	6/01/06	2,335	467	0
9	EASY eBANK RECOM SOFTWARE	5/01/06	2,211	295	0
10	DYNAMICS GP BUSINESS READY LICENSI	9/19/08	11,361	3,787	0
11	LAMARZOCCO EXPRESSO MACHING	1/12/01	3,500	0	0
12	AUCTION SOFTWARE	2/19/02	1,727	0	0
13	ADOBE PHOTOSHOP SOFTWARE	12/31/04	15,333	4	0
14	HOBART 40 QT MIXER	12/31/08	4,500	1,500	0
15	ESPRESSO CART	5/21/04	45,000	0	0
17	COFFEE CART(NOT IN SERVICE)	12/31/04	6,250	0	0
19	VERISMO ESPRESSO MACHING	5/21/04	15,000	0	0
21	LOCKERS	3/28/01	2,290	0	0
24	2002 FORD CARGO VAN (LEASED)	2/01/03	14,476	0	0
25	1997 CHEVY ASTRO	10/09/03	7,000	0	0
27	MEALMASTER DATABASE	5/01/04	3,500	0	0
28	2006 FORD ECONOLINE	6/27/05	26,432	0	0
29	DELL ISPIRON LAPTOP 2.4GHZ CELERON	7/01/04	1,035	0	0
30	ICE MAKER	9/30/04	1,875	0	0
34	DIGITAL CAMERA	2/20/03	513	0	0
36	OFFICE FURNITURE	11/28/08	4,006	801	0
38	DELL POWEREDGE COMP	4/05/00	6,797	0	0
39	COPY MACHINE-SHARP MX3501N (LEASE	10/01/06	19,314	3,863	0
40	DELL COMPUTER SERVER	1/01/03	3,451	0	0
41	AVAYA TELEPHONE SYS (LEASED)	2/04/03	29,274	349	0
42	GREAT PLAINS ACCOUNTING SOFTWARE	11/20/03	10,499	0	0
43	GREAT PLAINS PAYROLL DIRECT DEPOSI	12/29/03	1,775	0	0
44	DELL COMPUTER SERVER	9/19/04	5,998	0	0
46	LAMARZOCCO 3 GROUP ESPRESSO MACH	6/01/02	15,000	0	0
47	LA MARZOCCO 3 GROUP ESPRESSO MACI	6/01/02	9,000	0	0
48	Dell Server	12/31/09	5,089	1,018	0
49	Dell Server	12/31/09	5,089	1,018	0
50	Security System Card Readers	6/25/09	10,205	2,551	0
51	Rascillio Classe 6L Group Head Espresso Machi	3/31/09	5,000	1,667	0
52	Miscros Systems	5/01/09	13,096	4,366	0
53	2008 Chevy Express Van Vin 2148	5/01/09	16,917	3,383	0
54	2008 Chevy Express Van Vin 2841	5/01/09	16,697	3,340	0
55	Dynamics GP HR Module	7/27/09	3,371	1,124	0
56	Unitime Timeclock System	8/13/09	13,632	2,727	0
	<b>Total Other Depreciation</b>		<u>358,548</u>	<u>32,260</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>358,548</u>	<u>32,260</u>	<u>0</u>
	<b>Grand Totals</b>		<u>358,548</u>	<u>32,260</u>	<u>0</u>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INVESTMENT INCOME	\$ 101,176		14	WA	
TOTAL	<u>\$ 101,176</u>				

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 264,399	\$ 72,603	\$ 146,213	\$ 45,583
TOTAL	\$ 264,399	\$ 72,603	\$ 146,213	\$ 45,583

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
STUDENT AND STAFF MEALS	\$ 62,279	\$ 58,762	\$ 1,902	\$ 1,615
BOARD AND STAFF DEVELOPME	42,202	12,152	26,693	3,357
ADVERTISING	37,194		1,553	35,641
MISCELLANEOUS	21,830	2,849	11,143	7,838
BAD DEBT AND OTHER LOSSES	16,530		11,530	5,000
COMPLIMENTARY MEALS	2,434	2,120	65	249
PROGRAM MATERIAL/MEETINGS	2,372		126	2,246
TOTAL	\$ 184,841	\$ 75,883	\$ 53,012	\$ 55,946

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>FARESTART</b>	Employer identification number <b>91-1546757</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 VIRGINIA STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SEATTLE WA 98101</b>	

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

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

● The books are in the care of ▶ **MEGAN KARCH**

Telephone No. ▶ **206-443-1233** FAX No. ▶

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>FARESTART</b>	Employer identification number <b>91-1546757</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>700 VIRGINIA STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SEATTLE WA 98101</b>	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MEGAN KARCH**  
Telephone No. **206-443-1233** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/10**.
- For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Thomas Heill* Title **CAA** Date **8/11/10**  
Form **8868** (Rev. 4-2009)