FRVA 03/27/2014 5:12 PM 990

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047 2012 Open to Public Inspection

<u>A</u>	For t	he 2012 c	alendar year, or tax year beginning 10/01/12 , and ending 09/30/13	D				
В	Check if	Check if applicable: C Name of organization FRIENDS OF THE VA PUGET SOUND			Employ	yer Identificat	ion number	
Ш	Address	Address change FISHER HOUSE						
	Name c	hange	Doing Business As		86-	-11755	90	
H			Number and street (or P.O. box if mall is not delivered to street address) Room/suite	E	E Telephone number			
닏	Initial re	etum	PO BOX 18253		206	5-501-	8860	
Ш	Termina	ted	City, town or post office, state, and ZIP code					
	Amende	d return	SEATTLE WA 98118		Gross rec	ointe ¢	205,435	
H			F Name and address of principal officer:					
Ш	Applicat	lon pending	PAT NORIKANE LOGERWELL			affiliates?	Yes X No	
				H(b) Are all affiliates included?			Yes No	
				If "No," attach a list. (see instructions)				
_				1101 411		. (000 1110111	,,,,	
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.FISHERHOUSEVAPS.ORG								
<u>J</u>			347 5/54	H(c) Group exemption number				
_		f organization:		200	2006 M State of legal domicile: WA			
Part I Summary								
	1	Briefly de	scribe the organization's mission or most significant activities:					
8			MISSION OF "FRIENDS" IS TO EASE THE BURDEN OF OUR VETERANS AND THEIR					
Governance			AMILIES DURING DIFFICULT TIMES. THE FRIENDS PROVIDE GOODS AND SERVICES					
ē	NOT NORMALLY AVAILABLE AT THE VA PUGET SOUND FISHER HOUSE.							
9			s box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of its net ass					
ంర	3	Number o	f voting members of the governing body (Part VI, line 1a)		3	8		
G.	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		4	8		
Σ	5	Total num	ber of individuals employed in calendar year 2012 (Part V, line 2a)		5	1		
Activities	6	Total num	ber of volunteers (estimate if necessary)		6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12				7a		0	
			ated business taxable income from Form 990-T, line 34		7b		0	
Revenue			Prior			Cur	rent Year	
	8	Contribution	ons and grants (Part VIII, line 1h)	73,:	290		204,743	
	9	Program s	service revenue (Part VIII, line 2g)				0	
Š	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			404		357	
<u>~</u>	11				475		335	
			nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,:	169		205,435	
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)				0	
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)				0	
t/n	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)				16,502	
Net Assets or Expenses Fund Balances	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				0	
	ь	Total fund	raising expenses (Part IX, column (D), line 25) ▶ 0		111111			
	17	Other exp		86,0	616	_	160,071	
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	86,0			176,573	
				87,			28,862	
			Beginning of (End	of Year	
	20	Total asse	ts (Part X, line 16)	43,3	169	_	273,303	
	21	Total liabil	ities (Part X, line 26)		0		1,272	
墨語	22		s or fund balances. Subtract line 21 from line 20	43,3	169		272,031	
	art II	Sig	nature 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 praparer (other than officer) is based on all information of which preparer has any knowledge.								
Jacks Jacks								
Sig	n	Sig	Signature of difficer Da					
Hei			CHRIS BLACKMAN TREASURER 328/09					
Type or print name and title								
		Print/Type	preparer's name Preparer's signature Date		Check	if PTIN	ı	
Paid Preparer		JACOTTET	INE MUTH 03/2	7/14		U"		
		Firm's nam	ANTIDE A LOCACTIBED DITO				723/003	
Use Only 33308 13TH PL S SUITE 1								
		Eigenda auf 1	TTDTD31 W3W W3 00002 C000	DL:		253_6	61-0555	
Firm's address FEDERAL WAY, WA 98003-6390 Phone no. 253-661-9555 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No								
	A						1 169 110	