				Short Form				ОМ	B No. 1545-1150
For	. 99	90-EZ		Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu (except black lung benefit trust or private foundation)	e Code				2009
		the Treasury	5	Sponsoring organizations of donor advised funds and controlling organization 12(b)(13) must file Form 990. All other organizations with gross receipts less th assets less than \$1,250,000 at the end of the year may use this The arrangization may here to use a capt of the return to active other report.	is as defined ii an \$500,000 a form.	n section ind total			en to Public Ispection
		ue Service		► The organization may have to use a copy of this return to satisfy state reported or tax year beginning 01/01 , 2009, and 01/01	• •		12/31		-
_		applicable:		or tax year beginning 01/01 , 2009, an C Name of organization	u enung			lontific	, 20 09 ation number
	Address		Please use IRS	PACIFIC NORTHWEST PARKOUR ASSOCIATION Parkour Visior	is is	D Empi	-	26-185	
	Name ch	-	label or print or		Room/suite	E Telep			0100
_	Initial retu		type. See	PO Box 31562				06-923	-8864
	Terminat		Specific	City or town, state or country, and ZIP + 4		F Grou			
H	Amendeo Applicatio	d return on pending	Instruc- tions.	Seattle, WA 98103			ıp ⊏xe ıber		11
			organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accou				Cash 🗌 Accrual
	• 000		•	allons and 4547 (a)(1) honexempt chantable trusts must attach apleted Schedule A (Form 990 or 990-EZ).		-			and accrual mix
									zation is not
ı ۱	Nebsi [,]	te:► http:/	//parkou	rvisions.org				-	le B (Form 990,
J٦	ax-ex	empt status (check or	ly one) — 🔽 501(c) (3) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527		Z, or 99			,
	Check			ation is not a section 509(a)(3) supporting organization and its gross r	eceipts are n	ormally	not m	ore that	an \$25,000. A
	Form 9	90-EZ or Form	n 990 ret	urn is not required, but if the organization chooses to file a return, be	e sure to file	a compl	ete re	turn.	
LA	Add line	s 5b, 6b, and 7	'b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead	of Form 990	-EZ 🕨	. e	6	39,716
P	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances	s (See the	instru	ction	s for	Part I.)
	1	Contributio	ons, gift	s, grants, and similar amounts received			1		11,883
	2	Program se	ervice r	evenue including government fees and contracts			2		27,591
	3	Membersh	ip dues	and assessments			3		0
	4	Investment	t incom	9			4		0
	5a	Gross amo	ount fro						
	b	Less: cost	or othe						
Revenue	с		n or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5						
	6	Special events	s and act	vities (complete applicable parts of Schedule G). If any amount is from gaming	g, check here l				
vel	a	Gross reve	nue (no	t including \$ of contributions					
Re		reported or	n line 1			0			
	b		•	ses other than fundraising expenses 6b		0			
	С			s) from special events and activities (Subtract line 6b from lin	e 6a)		6c		0
	7a			entory, less returns and allowances 7a		242			
	b	Less: cost	•			320			
	c		•	s) from sales of inventory (Subtract line 7b from line 7a) .		· ·	7c		-78
	8	Other reve	•				8		0
	9			Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9		39,396
	10			amounts paid (attach schedule)			10		0
ŝ	11 12			for members			<u>11</u> 12		11,796
se	12			and other payments to independent contractors			13		8,906
Expenses	14			utilities, and maintenance			14		4,577
Ă	15			ons, postage, and shipping			15		673
	16					1	16		9,500
	17		•	Add lines 10 through 16		/	17		35,452
	18			for the year (Subtract line 17 from line 9)			18		3,944
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (i					,
Ass				reported on prior year's return)			19		1,733
et ,	20	Other char	nges in	net assets or fund balances (attach explanation)			20		0
Z	21		•	balances at end of year. Combine lines 18 through 20			21		5,677
Р	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or me				ad of	Form 990-EZ.
				(See the instructions for Part II.)	(A) Beg	inning of	year	(B) End of year
22	2 C	ash, savings	, and in	vestments			1,733	22	4,787
23								23	0
24	1 O	ther assets (describ	See Statement 3)			24	2,813
25	5 To	otal assets .					1,733		7,600
26				ribe See Statement 4)			26	1,923
27	7 N	et assets or	fund b	alances (line 27 of column (B) must agree with line 21)	.		1.733	27	5.677

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

_	990-EZ (2009)				-	Page 2
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part III	.)		Expenses
What	is the organization's primary exempt purpose?	To promote the benefits of	parkour practice			ired for section
	ribe what was achieved in carrying out the org			nd concise		(3) and 501(c)(4)
	ner, describe the services provided, the number o					izations and section a)(1) trusts; optional
each	program title.				for oth	
28	See Statement 5					
20						
				·····		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗆	28a	
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	29a	
30						
	(Grants \$) If this amount	includes foreign grants, ch	eck here		30a	
31	Other program services (attach schedule)					
0.		includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a t				32	32,957
						,
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average				,
	(a) Name and address	hours per week		(d) Contributio employee benefit	plans &	(e) Expense account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
Tyso	n Cecka	Executive Director, 40	\$6,300			
7822	Meridian Ave N, Seattle, WA 98103					
Zac	Cohn	Vice-Chair, 5	\$0		\$0	\$0
2619	5th Ave 304, Seattle, WA 98121					
Janii	ne Cundy	Secretary, 5	\$0		\$0	\$0
2619	5th Ave 304, Seattle, WA 98121					
	Wilson	Treasurer, 5	\$0		\$0	\$0
	Oakes AVE, Everett, WA 98201		φu		ΨŪ	ψŬ
		Board Member, 3	¢0		¢O	<u></u>
			\$0		\$0	\$0
	NW Bliss Rd, Vancouver, WA 98685	Board Member, 4				
	dee Laird	Board Member, 4	\$0		\$0	\$0
7822	Meridian Ave N, Seattle, WA 98103					

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0			
b	· · · · · · · · · · · · · · · · · · ·	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ► 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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.	40b		r
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		~
41	List the states with which a copy of this return is filed. WA			
42a			3-886	4
	Located at ► 4216 6th Ave NW, Seattle, WA 98107 ZIP + 4 ►	98	107	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		26	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
		42b		~
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
	If "Yes," enter the name of the foreign country: ►	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•••	.	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		~
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Form 990)-EZ (2009)					F	vage 4
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	xempt charita itable trusts mu	ble trusts only. A ust answer questic	II sec ons 46	tion 5–491	b
	Did the organization engage in direct or indirect				questions 46–49b ion to Yes No 46 ✓ 47 ✓ 48 ✓ 49a ✓ 49b ✓ cotors, trustees and key pene, enter "None." tions to (e) Expense account and other allowances Image: station Image: stat		
	candidates for public office? If "Yes," complete s	Schedule C, Part I			46		~
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47		~
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedu	le E	48 ✓ 49a ✓ 49b ✓ trustees and key ter "None." (e) Expense account and		
	•	•	d organization?		49a		~
		S 1 1	2				
					-		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	ac	count a	and
None		-					
47 C 48 Is 49a C b If 50 C e (0 None 51 C 51 C 51C							
		-					
f	Total number of other employees paid over \$100),000 ▶					
	\$100,000 of compensation from the organizatio	n. If there is none, enter "N	one."				No No No No
None	(4)	······································			(-)		
d	Total number of other independent contractors e	each receiving over \$100,0	 00 >				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is b	ying schedules and s based on all informati	statements, and to the bes on of which preparer has	st of my any kno	knowl wledge	edge e.
-							
	Tyson Cecka, Executive Director Type or print name and title						
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nur	nber (Se	e instruc	ctions)
•	Firm's name (or			 EIN ►			
Use On	yours it self-employed), address, and ZIP + 4			Phone no. ►			
48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E 48 49 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 49 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and 1 49 6 50 Complete this table for the organization is five highest compensation from the organization. If there is none, enter "None." 6 Compensation enter than \$100,000 of compensation from the organization. 6 Compensation enter than \$00,000 or compensation enter than \$100,000 or compensation from the organization. If there is none, enter "None." 51 Complete this table for the organization. If there is none, enter "None." (e) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractors each receiving over \$100,000 or compensation enter than \$100,000 or compensation from the organization. If there is none, enter "None." (e) Compensation enter than \$100,000 or compensation enter than \$100,000 or compensation from the organization. If there is none, enter "None." (e) Compensation							
				Fo	rm 99	U-EZ	. (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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						Employe	r identifica	tion number
PACIFIC NORTHWEST PARKOUR						26		856160
Part I Reason for Public C	narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.
 The organization is not a private four 1 A church, convention of chu 2 A school described in secti 3 A hospital or a cooperative 4 A medical research organization hospital's name, city, and stationary 	ection 1 n 170(b)	n 170(b)(1)(A)(i).						
	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.)							
 7 An organization that normall described in section 170(b) 8 A community trust describe 9 An organization that normall receipts from activities relation 	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½ % 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 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 							
 10 An organization organized a 11 An organization organized a 11 An organization organized a purposes of one or more purposes of one or more purposes of one or more purposes 509(a)(3). Check the box th a Type I b e By checking this box, I cerpersons other than foundation 509(a)(1) or section 509(a)(2) 	and operated exclusive blicly supported organization describes the type Type II c tify that the organization managers and othe	vely for the nizations of suppo controls tion is not	ne benefi describe rting orga be III–Fun ot control	t of, to p d in section anization ctionally led direc	perform t on 509(a) and com integrated tly or inc	he functi (1) or sea plete line d lirectly by	ons of, o ction 509(es 11e thr d y one or	a)(2). See section ough 11h. Type III–Other more disqualified
 f If the organization received organization, check this box g Since August 17, 2006, has following persons? 								III supporting
and (iii) below, the gover (ii) A family member of a per (iii) A 35% controlled entity h Provide the following inform	 (i) A person who directly of indirectly controls, entire alone of together with persons described in (i) 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? 						11g(i) 11g(ii) 11g(iii)	
(i) Name of supported (ii) EIN organization		(iv) Is the organization in col. (i) listed in your governing document? (v) Did you the organ col. (i) a supp		nization in of your port?	(i) organized in the U.S.?		(vii) Amount of support	
		Yes	No	Yes	No	Yes	No	
Total								

OMB No. 1545-0047

Open to Public

Inspection

09

20

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.)

Sec	tion A. Public Support				,		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities, etc		,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				
Sec	tion C. Computation of Public Su						
<u></u> 14	Public support percentage for 2009 (line			1. column (fl)		14	%
15	Public support percentage from 2008 Scl		-	.,		15	%
	33 ¹ / ₃ % support test—2009. If the organization qualifies	zation did not o	check the box o		line 14 is 331/3 9	% or more, che	ck this box ► □
b	33 ¹ / ₃ % support test—2008. If the organize box and stop here. The organization qua						_
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "f organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . Ily supported or	Explain in Part ganization	IV how the ►

Schedule A (Form 990 or 990-EZ) 2009

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) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (a) 2005 (f) Total 1 Gifts, grants. contributions, and membership fees received. (Do not include 0 0 0 1,829 11,882 13,711 any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the 0 0 0 1,966 27.834 29,800 organization's tax-exempt purpose . Gross receipts from activities that are not an 3 0 0 0 0 0 0 unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf 5 The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 0 organization without charge . . . 0 0 0 3.795 39.716 43.511 6 **Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from 8 line 6.) 43,511 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 0 0 0 3,795 39,716 43,511 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 0 0 0 0 0 sources b Unrelated business taxable income (less section 511 taxes) from businesses 0 0 0 0 0 0 acquired after June 30, 1975 . . . 0 0 0 0 0 0 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly 0 0 0 0 0 0 carried on 12 Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 3,795 0 0 0 39.716 43,511 and 12.) 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) 14 ~ organization, check this box and **stop here** Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) . 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33¹/₃ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃ %, and line 17 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization **>** 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌 20

Schedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV		nation. Complete the p; and Part III, line	nis part to provide th 12. Provide any othe	e explanations required r additional information.	

Statement 1 : Reasonable Cause Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Other Assets

Statement 4 : Liabilities Schedule

Statement 5 : Program Service Accomplishments

Reasonable Cause Explanations

Explanation

Our first 990-EZ filing, had to do it ourselves.

Statement 2

Form: 990-EZ Page: 1 Line Number: Part I Line 16

Other Expenses Schedule

Description	Amount
First Aid and Supplies	\$333
Workshop tools and equip	\$801
Building materials	\$4,436
Equip rental	\$130
Office supplies	\$599
Gym food	\$41
Computer software and equip	\$449
in-kind donations appraised	\$120
Internet	\$169
Travel	\$15
Meetings	\$55
Insurance	\$1,478
Staff development and training	\$87
Credit card fees	\$707
Corporation expenses	\$80
Total:	\$9,500

PACIFIC NORTHWEST PARKOUR ASSOCIATION 26-1856160

Statement 3 Form: 990-EZ Page: 1

Line Number: Part II Line 24

Other Assets

	ВОҮ	EOY
Description	Amount	Amount
Undeposited Funds	\$0	\$555
Rent deposits	\$0	\$1,538
Pledges receivable	\$0	\$720
Total:	\$0	\$2,813

PACIFIC NORTHWEST PARKOUR ASSOCIATION 26-1856160

Statement 4 Form: 990-EZ

Page: 1 Line Number: Part II Line 26

Liabilities Schedule					
Description	ВОҮ	EOY			
	Amount	Amount			
Accounts payable	\$0	\$60			
Payroll taxes	\$0	\$1,863			
Total:	\$0	\$1,923			

Program Service Accomplishments

Grants And Allocations	includes Foreign Grants	Program Service Expenses
\$0 1		\$810
\$0		\$31,624
\$0		\$523
-	Allocations \$0 h \$0	Grants And Allocations Grants \$0 \$0 \$0

Total: