

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)

2006

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 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. D Employer Identification Number: 91-0715872. E Telephone number: 206-325-0489. F Accounting method: Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.PEOPLES-MEMORIAL.ORG

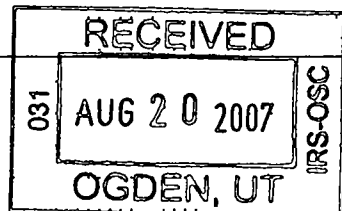
J Organization type (check only one): 501(c) 4 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 208,099.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for line numbers, descriptions, and amounts. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 208,099 and total expenses is 282,516.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 a				
22 b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25 a	45,000.	36,000.	9,000.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	44,901.	35,921.	8,980.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	9,198.	7,358.	1,840.	
29 Payroll taxes	29	9,723.	7,778.	1,945.	
30 Professional fundraising fees	30				
31 Accounting fees	31	4,497.	3,598.	899.	
32 Legal fees	32				
33 Supplies	33	4,113.	3,290.	823.	
34 Telephone	34	7,569.	6,055.	1,514.	
35 Postage and shipping	35	6,777.	5,422.	1,355.	
36 Occupancy	36	18,396.	14,717.	3,679.	
37 Equipment rental and maintenance	37	1,521.	1,217.	304.	
38 Printing and publications	38	11,199.	8,959.	2,240.	
39 Travel	39	259.	207.	52.	
40 Conferences, conventions, and meetings	40	1,963.	1,570.	393.	
41 Interest	41	84.	67.	17.	
42 Depreciation, depletion, etc (attach schedule)	42	2,808.	2,246.	562.	
43 Other expenses not covered above (itemize). a SEE STATEMENT 1	43 a	114,508.	91,606.	22,902.	
b _____	43 b				
c _____	43 c				
d _____	43 d				
e _____	43 e				
f _____	43 f				
g _____	43 g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	282,516.	226,011.	56,505.	0.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>CONSUMER EDUCATION OF DEATH SERVICES.</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>BROADENED OUR PUBLIC EDUCATION PROGRAM THROUGH A SPEAKERS BUREAU. HELD PRESENTATIONS ON DEATH SERVICES TO COMMUNITY GROUPS, CHURCHES, HOSPITALS, NURSING HOMES AND HOSPICES.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	56,503.
b <u>PROVIDED ANSWERS TO THOUSANDS OF TELEPHONE AND MAIL INQUIRES. HELD AN ANNUAL MEETING TO EDUCATE CURRENT MEMBERS AND ANSWER QUESTIONS. PROVIDED INFORMATION ON CONSUMERS CHOICES.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	56,503.
c <u>ACCEPTED 3,463 NEW MEMBERS AND PROVIDED EACH WITH COST OF DEATH SERVICES, BROCHURES AND SAMPLE COPIES OF DOCUMENTS.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	56,503.
d <u>PROVIDED THE MEANS FOR LOW COST DIGNIFIED CREMATIONS AND FUNERALS FOR 1,947 OF OUR MEMBERS WHO PASSED AWAY DURING 2006.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	56,502.
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	226,011.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	20,515.	45	52,025.	
	46 Savings and temporary cash investments	163,244.	46	56,340.	
	47 a Accounts receivable	47 a			
	b Less allowance for doubtful accounts	47 b		47 c	
	48 a Pledges receivable	48 a			
	b Less allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b		
	51 a Other notes and loans receivable (attach schedule)	51 a			
	b Less allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 a Investments — publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a	
	b Investments — other securities (attach sch.)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
	55 a Investments — land, buildings, & equipment basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments — other (attach schedule)		56		
	57 a Land, buildings, and equipment basis	57 a 22,918.			
b Less: accumulated depreciation (attach schedule) STATEMENT 2	57 b 16,682.	7,667.	57 c 6,236.		
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74) Add lines 45 through 58		191,426.	59	114,601.	
LIABILITIES	60 Accounts payable and accrued expenses	5,343.	60	5,018.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ▶ SEE STATEMENT 3 _____)		3,013.	65	930.
66 Total liabilities. Add lines 60 through 65		8,356.	66	5,948.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		183,070.	72	108,653.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		183,070.	73	108,653.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		191,426.	74	114,601.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	208,099.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	208,099.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	208,099.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	282,516.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	282,516.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	282,516.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings. ▶ <u>11</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions	75 c	X
d Does the organization have a written conflict of interest policy?	75 d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a	X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions.) 81 a <u>0.</u>	81 a	0.
b Did the organization file Form 1120-POL for this year?	81 b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		X
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		0.
85 d	Section 162(e) lobbying and political expenditures		0.
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		0.
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		0.
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89 b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		0
91 a	The books are in care of <u>JOHN ERIC ROLFSTAD</u> Telephone number <u>206-325-0489</u> Located at <u>155 NE 100TH STREET, STE 307, SEATTLE WA</u> ZIP + 4 <u>98125 98122-2474</u> <u>1801 12th Ave SKA</u>		
91 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)? If 'Yes,' enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

	Yes	No
91 c		X

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue.

- a _____
- b _____
- c _____
- d _____
- e _____

- f Medicare/Medicaid payments
- g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmnts

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate

- a debt-financed property
- b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a _____

- b _____
- c _____
- d _____
- e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
a					
b					
c					
d					
e					
f					
g					
94					169,825.
95			14	3,859.	
96					
97					
a					
b					
98					
99					
100					
101					
102					
103					
a					
b					
c					
d					
e					
104				3,859.	169,825.
105					173,684.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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.

Signature of officer: *[Handwritten Signature]* Date: 8/10/07

Type or print name and title: John Eric Wolfstad, Executive Director

Paid Preparer's Use Only

Preparer's signature: LORRIE JEAN RAREY Date: 8/11/07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: RAREY & ASSOCIATES CPA'S INC. PS
300 M STREET NE
AUBURN, WA 98002 EIN: N/A Phone no: (253) 939-8334

PEOPLE'S MEMORIAL ASSOCIATION

91-0715872

8/01/07

06 11PM

**STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & EDUCATION	12,684.	10,147.	2,537.	
ANNUAL MEETING	1,526.	1,221.	305.	
BANK CHARGES	1,930.	1,544.	386.	
BUSINESS LICENSES	170.	136.	34.	
BUSINESS TAXES	3,258.	2,606.	652.	
CONTRACT CANCELLATION EXPENSES	44,792.	35,834.	8,958.	
CREMATION EXPENSE	603.	482.	121.	
DUES AND SUBSCRIPTIONS	904.	723.	181.	
FUNERAL CONSUMERS ALLIANCE	20,417.	16,334.	4,083.	
INSURANCE	2,603.	2,082.	521.	
MISC	27.	22.	5.	
NEWSLETTERS	21,561.	17,249.	4,312.	
OTHER PROFESSIONAL SERVICES	4,033.	3,226.	807.	
TOTAL	\$ 114,508.	\$ 91,606.	\$ 22,902.	\$ 0.

**STATEMENT 2
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,114.	\$ 2,420.	\$ 1,694.
MACHINERY AND EQUIPMENT	18,804.	14,262.	4,542.
TOTAL	\$ 22,918.	\$ 16,682.	\$ 6,236.

**STATEMENT 3
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

BUSINESS TAXES PAYABLE	\$ 801.
PAYROLL TAXES PAYABLE	129.
TOTAL	\$ 930.

PEOPLE'S MEMORIAL ASSOCIATION

91-0715872

8/01/07

06 11PM

**STATEMENT 4
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LAWRENCE D. GREEN 14422 SE 266TH STREET KENT, WA 98042	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
JANICE AMES 4507 STANFORD AVE NE SEATTLE, WA 98105-2148	SECRETARY 0	0.	0.	0.
KAREN GWILYM 19511 131ST AVE SW VASHON, WA 98070	BOARD MEMBER 0	0.	0.	0.
NORMA BEERWEILER 2322 N 134TH ST, APT 6 SEATTLE, WA 98103	PRESIDENT 0	0.	0.	0.
JOHN ERIC ROLFSTAD 3828 BEACH DRIVE SW #201 SEATTLE, WA 98116	EXECUTIVE DIREC 0	0.	0.	0.
RUTH BENNETT 4512 46TH AVE SOUTH SEATTLE, WA 98188	PRESIDENT & CEO 0	0.	0.	0.
ANNA RUDD 1225 E NEWTON STREET SEATTLE, WA 98102	TREASURER 0	0.	0.	0.
SHELBY A GILJE 1749 NE 94TH STREET SEATTLE, WA 98115-3256	BOARD MEMBE 0	0.	0.	0.
CONNIE PARSONS 2714 E THOMAS STREET SEATTLE, WA 98112	VICE PRESIDENT 0	0.	0.	0.
BARBARA VAN DROOF 11523 EXETER AVE NE SEATTLE, WA 98125-5911	BOARD MEMBER 0	0.	0.	0.
PAUL DEISCHER 155 NE 100TH, STE 307 SEATTLE, WA 98125	OFFICE MANAGER 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

8/01/07

06 11PM

**STATEMENT 5
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
94	PEOPLES MEMORIAL ASSOCIATION IS A MEMBERSHIP ORGANIZATION AND THIS AMOUNT INCLUDES DUES RECEIVED FROM NEW LIFE MEMBERS AND A SERVICE FEE FOR A RECORDS CHARGE FOR EACH MEMBER WHO HAD A CREMATION OR FUNERAL. MEMBERS RECEIVE AN ANNUAL NEWSLETTER AND EDUCATIONAL MATERIALS. THESE DUES AND FEES ARE DIRECTLY RELATED TO OUR EXEMPT PURPOSE.

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).

Section 501(c) corporations 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 section 501(c) corporations 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 and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization PEOPLE'S MEMORIAL ASSOCIATION	Employer identification number 91-0715872
	Number, street, and room or suite number. If a P.O. box, see instructions. 155 NE 100TH ST #307	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98125	

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 (section 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 ▶ JOHN ERIC ROLFSTAD -----

Telephone No ▶ 206-325-0489 ----- 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 section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 06 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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.	3a	\$	0.
b 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.	3b	\$	0.
c Balance Due. 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.	3c	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.