



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2001

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 2001 calendar year, or tax year beginning January 1, 2001, and ending December 31, 2001

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

169117 *****AUTO**5-DIGIT 98507
 EVERGREEN FREEDOM FOUNDATION P 198 I
 Z BOB WILLIAMS R
 PO BOX 552 B 125 S
 OLYMPIA WA 98507-0552

D Employer identification number
 94-3136961

E Telephone number
 (360) 956-3482

F Accounting method: Cash Accrual
 Other (specify) ▶

• 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 ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

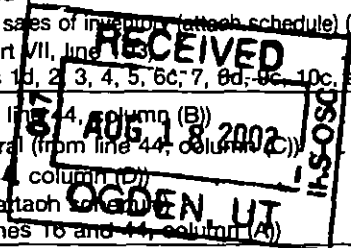
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,628,804

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,189,814		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>1,154,709</u> noncash \$ <u>35,105</u>)	1d		1,189,814	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3 Membership dues and assessments	3		0	
	4 Interest on savings and temporary cash investments	4		903	
	5 Dividends and interest from securities	5		9,021	
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
	7 Other investment income (describe ▶)	7		0	
	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
		(B) Other	8b	1,422	
			8c	(1,422)	
		d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		110,106
	9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
		b Less direct expenses other than fundraising expenses	9b		
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0
	10a Gross sales of inventory, less returns and allowances		10a		
b Less cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		0	
11 Other revenue (from Part VII, line 93)	11		0		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,309,844		
13 Program services (from line 2, column (B))		13	857,779		
	14 Management and general (from line 4, column (C))	14	116,694		
	15 Fundraising (from line 4, column (D))	15	204,504		
	16 Payments to affiliates (attach schedule)	16	0		
	17 Total expenses (add lines 13 and 14, column (A))	17		1,214,977	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		94,867		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		560,345		
20 Other changes in net assets or fund balances (attach explanation)	20		(109,189)		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		546,023		



SCANNED SEP 03 02

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. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>35,000</u> noncash \$ _____)	35,000	35,000		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	134,230	85,496	10,874	37,860
26	Other salaries and wages	503,568	361,415	60,597	81,556
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	3,017	300	2,717	0
29	Payroll taxes	46,154	29,977	6,778	9,399
30	Professional fundraising fees	47,671	0	0	47,671
31	Accounting fees	5,575	0	5,575	0
32	Legal fees	116,842	116,458	384	0
33	Supplies	15,645	9,240	4,846	1,559
34	Telephone	10,985	6,637	1,302	3,046
35	Postage and shipping	64,324	38,435	524	25,365
36	Occupancy	32,381	19,069	7,378	5,934
37	Equipment rental and maintenance	9,449	7,476	267	1,706
38	Printing and publications	99,298	86,421	82	12,795
39	Travel	39,672	27,713	656	11,303
40	Conferences, conventions, and meetings	9,532	9,532	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	16,734	3,691	13,043	0
43	Other expenses not covered above (itemize) a _____	0	0	0	0
	b Licenses, fees, misc taxes, insurance	13,527	9,936	1,304	2,287
	c Research materials	3,911	3,848	40	23
	d Subscriptions	7,373	7,135	238	0
	e Misc expenses	89	0	89	0
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,214,977	857,779	116,694	240,504

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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **Education, research, & analysis**

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	Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)	(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a Research & analysis of state budget & tax policies: legislative testimony & briefings upon request, published: 32 policy highlighters (1,950 each), 5 in-briefs (700 each), 14 press releases*, 18 op-eds*, 26 radio shows (avg 20 min each)*, 2 TV shows* (Grants and allocations \$ _____)	71,227
b Research & analysis of education policies: legislative briefings & testimony upon request; published: 1 study (2,000 copies), 1 policy highlighter (1,950 copies), 1 in-brief (700 copies) (Grants and allocations \$ _____)	51,677
c Research, analysis & monitoring of issues of individual liberty, citizenship & governance: legislative testimony & briefings upon request, published: 4 policy highlighters (1,950 each), 3 educational brochures (103,000 copies total), 27 press releases*, 21 op-eds*, 19 radio shows (avg 20 min each)*, 5 TV shows (Grants and allocations \$ 35,000)	584,094
d Community service - 12 monthly journals (avg. 2,600 each), group & individual briefings (over 2,000 people served); constituent research, website maintenance; and public speaking (Grants and allocations \$ _____)	117,643
e Other program services (attach schedule) (Grants and allocations \$ _____)	33,138
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	857,779

* It is impossible to determine the # of people served through radio & TV. The average # of households reached through newspaper articles was 318,786 per week.

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash—non-interest-bearing	79,567	45	61,402	
46	Savings and temporary cash investments	5,070	46	30,992	
47a	Accounts receivable				
b	Less allowance for doubtful accounts	0	47c	0	
48a	Pledges receivable				
b	Less allowance for doubtful accounts	0	48c	0	
49	Grants receivable	0	49	0	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0	
51a	Other notes and loans receivable (attach schedule)				
b	Less allowance for doubtful accounts	0	51c	0	
52	Inventories for sale or use	0	52	0	
53	Prepaid expenses and deferred charges	2,200	53	4,162	
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	455,679	54	204,119	
55a	Investments—land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)	0	55c	0	
56	Investments—other (attach schedule)	0	56	0	
57a	Land, buildings, and equipment basis	606,762			
b	Less accumulated depreciation (attach schedule)	45,350	57c	561,412	
58	Other assets (describe <input type="checkbox"/> Deposit)	900	58	0	
59	Total assets (add lines 45 through 58) (must equal line 74)	561,709	59	862,087	
60	Accounts payable and accrued expenses	1,364	60	17,064	
61	Grants payable	0	61	0	
62	Deferred revenue	0	62	0	
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
64a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
b	Mortgages and other notes payable (attach schedule)	0	64b	299,000	
65	Other liabilities (describe <input type="checkbox"/>)	0	65	0	
66	Total liabilities (add lines 60 through 65)	1,364	66	316,064	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	345,447	67	486,023	
68	Temporarily restricted	214,898	68	60,000	
69	Permanently restricted	0	69	0	
Organizations that do not follow SFAS 117, check here <input 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		72		
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	560,345	73	546,023	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	561,709	74	802,087	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

N/A

a	Total revenue, gains, and other support per audited financial statements ▶	a
b	Amounts included on line a but not on line 12, Form 990	b
(1)	Net unrealized gains on investments \$ _____	[Hatched]
(2)	Donated services and use of facilities \$ _____	
(3)	Recoveries of prior year grants \$ _____	
(4)	Other (specify) _____	
 \$ _____	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 12, Form 990 but not on line a	d
(1)	Investment expenses not included on line 6b, Form 990 \$ _____	[Hatched]
(2)	Other (specify) _____	
 \$ _____	
	Add amounts on lines (1) and (2) ▶	d
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e

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

a	Total expenses and losses per audited financial statements ▶	a
b	Amounts included on line a but not on line 17, Form 990	b
(1)	Donated services and use of facilities \$ _____	[Hatched]
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____	
(3)	Losses reported on line 20, Form 990 \$ _____	
(4)	Other (specify) _____	
 \$ _____	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 17, Form 990 but not on line a.	d
(1)	Investment expenses not included on line 6b, Form 990 \$ _____	[Hatched]
(2)	Other (specify) _____	
 \$ _____	
	Add amounts on lines (1) and (2) ▶	d
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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 & deferred compensation	(E) Expense account and other allowances
G Robert Williams 6625 149th Ave KPN, Lakebay, WA	President 60 hrs	63,115	7,875	0
Lynn Harsh 6031 78th Ave NE, Olympia, WA	Exec Director 50 hrs	63,240	0	0
see attached list of directors				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	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?	80a	✓
81a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	81a	
81b	Did the organization file Form 1120-POL for this year?	81b	✓
82a	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?	82a	✓
82b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	N/A
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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?	85h	N/A
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	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	88	✓
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
89b	501(c)(3) and 501(c)(4) orgs 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	89b	✓
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="checkbox"/>
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="checkbox"/>
90a	List the states with which a copy of this return is filed		Washington
90b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	17
91	The books are in care of <u>Juliana McMahan</u> Telephone no <u>(360) 956-3482</u> Located at <u>PO Box 552, Olympia, WA</u> ZIP + 4 <u>98507-0552</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here 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 Specific Instructions on page 32)

Note: Enter gross amounts unless otherwise indicated

	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 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	903	
96 Dividends and interest from securities			18	9,021	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18301	110,106	
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))				120,030	
105 Total (add line 104, columns (B), (D), and (E))				120,030	

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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)
▼	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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)

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

Please Sign Here

Signature of officer: Lynn A. Harsh Date: 108-14-02

Type or print name and title: Lynn A. Harsh Executive Director

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization: **Evergreen Freedom Foundation**
Employer identification number: **94 3136961**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jeanne A. Brown 801 Lilly Rd #313, Olympia, WA	Legal Counsel 40 hrs	52,933	0	0
Kenneth Telloian 6003 Rocky Mt Dr SW, Olympia, WA	Development Dir 40 hrs	60,485	0	0

Total number of other employees paid over \$50,000 **0**

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Ellis, Li & McKinstry 2 Union Sq, 601 Union St #4900, Seattle, WA	Legal	105,038

Total number of others receiving over \$50,000 for professional services **0**

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	✓	
4 Do you have a section 403(b) annuity plan for your employees?	✓	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	923,833	1,787,642	944,711	880,061	4,536,247
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,390	15,868	9,046	7,161	53,465
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	945,223	1,803,510	953,757	887,222	4,589,712
24 Line 23 minus line 17	945,223	1,803,510	953,757	887,222	4,589,712
25 Enter 1% of line 23	9,452	18,035	9,538	8,872	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24 ▶	26a	91,794
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	975,363
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	4,589,712
d Add Amounts from column (e) for lines 18 <u>53,465</u> 19 _____ 22 _____ 26b <u>975,363</u> ▶	26d	1,028,828
e Public support (line 26c minus line 26d total) ▶	26e	3,560,884
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	77.58 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year			
(2000)	(1999)	(1998)	(1997)

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add Line 27a total _____ and line 27b total _____ ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of organization

Evergreen Freedom Foundation

Employer identification number

94 3136961

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 box(es) for both the General rule and a Special rule—see instructions)

General Rule—

- For organizations 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 Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Federal law prohibits disclosure of this page to the general public.

Name of organization <p align="center">Evergreen Freedom Foundation</p>	Employer identification number <p align="center">94 3136961</p>
--	--

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Federal law prohibits disclosure of this page to the general public.

Federal law prohibits disclosure of this page to the general public.

Name of organization

Evergreen Freedom Foundation

Employer identification number
94 3136961

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12		\$ 109,438	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)

Federal law prohibits disclosure of this page to the general public.

Name of organization **Evergreen Freedom Foundation**

Employer identification number
94 3136961

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	117 shares of stock	\$4,434 \$	6/18/01 .. / .. /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	72 shares of stock	\$5,003 \$	12/19/01 .. / .. /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ / .. /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ / .. /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ / .. /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$ / .. /

Form 990
Part I - Line 8 (A)

Schedule of Gain or (Loss) - Securities

Publicly traded securities
Total sale \$429,066
Total cost basis \$317,538
Total gain or (loss) \$111,528

Form 990
Part I - Line 8 (B)

Schedule of Gain or (Loss) - Other

Inventory disposed
Sales from disposal \$0
Depreciated value \$1,422
Total gain or (loss) (\$1,422)

Form 990
Part I - Line 20

Unrealized loss on securities (\$109,189)

Form 990
Part II - Line 22

Cash Grant \$35,000	The Center for Civic Renewal 159 Delaware Ave, Delmar, NY 12054	strategic management consulting
------------------------	--	---------------------------------

Form 990
Part II - Line 42

Depreciation Expenses \$16,734

Form 990
Part III - Line e

Other program services
Research & analysis of health care policies \$33,138

Form 990
Part IV - Line 54

Stocks are listed at end-of-year fair market value

Corporate stocks \$204,119

Form 990
Part IV - Line 57

Schedule of Fixed Assets

Building	\$550,046	line 57a
Accum Depreciation	-7,448	line 57b
Previous Equipment + Increase	56,716	line 57a
Accum Depreciation	-37,902	line 57b

Total line 57c	\$561,412	

Form 990
Part IV - Line 64b

Mortgage payable \$299,000

Form 990 - Schedule A
Part III - Line 2d

Payment of expenses over \$1,000

Total expenses for the year 2001 were reimbursed as follows

Lynn Harsh, Executive Director = \$2,664 71
Jeanne A Brown, Legal Counsel = \$1,906 62
Kenneth Telloian, Development Director = \$2,422 38

Form 990 - Schedule A
Part III - Line 3

Qualifying organization determination

Must be an established organization with recognized expertise in areas necessary or beneficial to accomplishing our Foundation's mission, submit request letter upon invitation, and be approved by Foundation's officers

Form 990

Part V

Board of Directors

(A)	(B)	(C)	(D)	(E)
Duane Alton N 10206 Comanche, Spokane, WA 99208	Board Member 1 hr	\$0	\$0	\$0
Bill Conner 846 108th Ave NE #202, Bellevue, WA 98004	Board Member 1 hr	\$0	\$0	\$0
Harry James 15802 Virginia Pt NE, Poulsbo, WA 98370	Board Member 1 hr	\$0	\$0	\$0
Barbara Kenney 16245 SE 31st St, Bellevue, WA 98008	Board Member 1 hr	\$0	\$0	\$0
Mary Jo Kahler 16216 SE Roanoke Pl, Bellevue, WA 98006	Board Member 1 hr	\$0	\$0	\$0
Andy Nisbet 255 Roberson Rd, Sequim, WA 98382	Board Member 1 hr	\$0	\$0	\$0
Alex Ockey 4322 W Indian Trail Rd, Spokane, WA 99208	Board Member 1 hr	\$0	\$0	\$0
Ansgar Schei PO Box 38, Woodland, WA 98674	Board Member 1 hr	\$0	\$0	\$0
Bill Shortt 4011 SW 321st, Federal Way, WA 98023-2413	Board Member 1 hr	\$0	\$0	\$0
Bob Taigen N 7014 Hamilton Street, Spokane, WA 99208	Board Member 1 hr	\$0	\$0	\$0
Del VanWinkle RR 2 Box 2723E, Grandview, WA 98930	Board Member 1 hr	\$0	\$0	\$0
R P Wollenberg 1632 Kessler Blvd, Longview, WA 98632	Board Member 1 hr	\$0	\$0	\$0
Jim Youngsman 1669 Hickox Rd, Mount Vernon, WA 98273	Board Member 1 hr	\$0	\$0	\$0

as of 12/31/01