

IRS e-file Signature Authorization

Form 8879-EO

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

ELMVIEW, INC. Name and title of officer

91-0791250

BRUCE TABB EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows: 1a Form 990 check here, 2a Form 990-EZ check here, 3a Form 1120-POL check here, 4a Form 990-PF check here, 5a Form 8868 check here. Corresponding b lines for Total revenue, Total tax, Tax based on investment income, and Balance Due.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015

I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize PETERSEN CPAS & ADVISORS, PLLC to enter my PIN 03675 as my signature. Enter five numbers, but do not enter all zeros.

a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 91342034617 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____, **2015, and ending** _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>ELMVIEW, INC. P.O. BOX 66 ELLENSBURG, WA 98926</p> <p>F Name and address of principal officer: BRUCE TABB PO BOX 66 ELLENSBURG, WA 98926</p>	<p>D Employer identification number 91-0791250</p> <p>E Telephone number 509-925-6688</p> <p>G Gross receipts \$ 7,633,004.</p>	<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.ELMVIEW.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1964 M State of legal domicile: WA</p>	

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: <u>TO ASSIST PEOPLE WITH DISABILITIES TO WORK TOWARD THEIR CHOSEN QUALITY OF LIFE BY PROVIDING BOTH RESIDENTIAL AND VOCATIONAL SUPPORT.</u></p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	414
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	53,208.	70,031.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,880,688.	7,490,296.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,653.	17,533.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,538.	5,100.
		6,942,087.	7,582,960.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,793,790.	6,711,246.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	878,083.	1,056,568.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,671,873.	7,767,814.
	19 Revenue less expenses. Subtract line 18 from line 12	270,214.	-184,854.
Net Assets of Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,027,340.	3,786,332.
	22 Net assets or fund balances. Subtract line 21 from line 20	494,048.	437,894.
		3,533,292.	3,348,438.

Part II Signature Block

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

Sign Here	<p>Signature of officer BRUCE TABB</p> <p>Type or print name and title.</p>	<p>Date EXECUTIVE DIR.</p>	
Paid Preparer Use Only	<p>Print/Type preparer's name ANGELA M. PRATT, CPA</p> <p>Firm's name ▶ PETERSEN CPAS & ADVISORS, PLLC</p> <p>Firm's address ▶ 3702 KERN ROAD YAKIMA, WA 98902</p>	<p>Preparer's signature</p> <p>Date</p> <p>Check <input type="checkbox"/> if self-employed</p> <p>Firm's EIN ▶ 26-1262413</p> <p>Phone no. (509) 575-1040</p>	<p>PTIN P00234617</p>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO ASSIST PEOPLE WITH DISABILITIES TO WORK TOWARD THEIR CHOSEN QUALITY OF LIFE BY PROVIDING BOTH RESIDENTIAL AND VOCATIONAL SUPPORT.

2

Form 990 or 990-EZ? [] Yes [X] No
If 'Yes,' describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If 'Yes,' describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,259,190. including grants of \$) (Revenue \$)

SUPPORTED LIVING - PROVIDES UP TO 24-HOUR SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES IN THE CLIENT'S HOME. THESE SERVICES INCLUDE ASSISTANCE WITH ALL ASPECTS OF REGULAR LIVING. DURING THE YEAR 64 INDIVIDUALS WERE SERVED.

4b (Code:) (Expenses \$ 807,567. including grants of \$) (Revenue \$)

VOCATIONAL WORKSHOP - PROVIDES EMPLOYMENT TRAINING, PLACEMENT, AND RETENTION SERVICES TO PEOPLE WITH DISABILITIES. DURING THE YEAR 126 PEOPLE WERE SERVED.

4c (Code:) (Expenses \$ 725,672. including grants of \$) (Revenue \$)

SEE SCHEDULE O

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

(Expenses \$ 237,701. including grants of \$) (Revenue \$)

4e Total program service expenses 7,030,130.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 [REDACTED] for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 [REDACTED] Part I.....		X
7 [REDACTED] environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 [REDACTED] services? If 'Yes,' complete Schedule D, Part IV.....		X
10 [REDACTED] permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 [REDACTED] or X as applicable.		
a [REDACTED] D, Part VI.....	X	
b [REDACTED] assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c [REDACTED] assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d [REDACTED] in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f [REDACTED] the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a [REDACTED] Schedule D, Parts XI, and XII.....	X	
b [REDACTED] if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b [REDACTED] at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 [REDACTED] or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 [REDACTED] column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 [REDACTED] lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....		X
19 [REDACTED] complete Schedule G, Part III.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 [REDACTED]		
<i>Schedule J.</i>		X
24a [REDACTED] the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c [REDACTED] any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b [REDACTED]		
<i>Schedule L, Part I.</i>		X
26 [REDACTED] former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 [REDACTED] of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 [REDACTED] instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b [REDACTED] <i>Schedule L, Part IV.</i>		X
c [REDACTED] officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 [REDACTED] <i>Schedule N, Part II.</i>		X
33 [REDACTED] 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 [REDACTED] treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 [REDACTED]		
Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	(gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return.		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes rows 1a-1b, 2-9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes rows 10a-16b.

Section C. Disclosure

Table with columns for line number and description. Includes rows 17-20.

RICK RICHARDS P.O. BOX 66 ELLENSBURG WA 98926 509-925-6688

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

1 a

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDY RUBOTTOM BOARD MEMBER	1 0	X						0.	0.	0.
(2) GARY CASKEY CHAIR	1 0	X		X				0.	0.	0.
(3) BOB DARBY VICE CHAIR	1 0	X		X				0.	0.	0.
(4) JIM JONGEWARD SECRETARY/TREAS	1 0	X		X				0.	0.	0.
(5) RUTH TOWNSEND FINANCE	1 0	X		X				0.	0.	0.
(6) AB KERN BOARD MEMBER	1 0	X						0.	0.	0.
(7) JUDY LOVE BOARD MEMBER	1 0	X						0.	0.	0.
(8) ELIZABETH ALLGOOD SECRETARY/TREAS	1 0	X		X				0.	0.	0.
(9) BILL MILLER BOARD MEMBER	1 0	X						0.	0.	0.
(10) CASEY SHAW BOARD MEMBER	1 0	X						0.	0.	0.
(11) JUSTIN BROWN BOARD MEMBER	1 0	X						0.	0.	0.
(12) BRUCE TABB ADMINISTRATOR	40 0			X				111,966.	0.	600.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							111,966.	0.	600.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							111,966.	0.	600.	

2 from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	(B) Description of services	(C) Compensation

2 \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a 8,136.				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 61,895.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 70,031.				
Program Service Revenue	2 a FEE FOR SERVICE CONTRACTS		Business Code			
		624100	7,055,285.	7,055,285.		
	b VOCATIONAL SERVICES	624100	288,436.	288,436.		
	c OTHER PROGRAM SERVICES	624100	97,826.	97,826.		
	d RESIDENT PARTICIPATION	624100	48,749.	48,749.		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 7,490,296.					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 2,348.			2,348.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	(ii) Personal			
		55,144.				
		b Less: rental expenses	50,044.			
		c Rental income or (loss)	5,100.			
	d Net rental income or (loss)	▶ 5,100.	5,100.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			15,185.			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	15,185.			
	d Net gain or (loss)	▶ 15,185.	15,185.			
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶	7,582,960.	7,510,581.	0.	2,348.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....				
3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	112,566.	0.	112,566.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	5,359,397.	5,128,642.	230,755.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....	599,687.	555,667.	44,020.	
10 Payroll taxes.....	639,596.	598,107.	41,489.	
11 Fees for services (non-employees):				
a Management.....				
b Legal.....	8,096.		8,096.	
c Accounting.....	16,550.		16,550.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....	1,050.		1,050.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....	2,567.	1,367.	1,200.	
12 Advertising and promotion.....	2,542.	469.	2,073.	
13 Office expenses.....	27,519.	13,471.	14,048.	
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	100,603.	74,604.	25,999.	
17 Travel.....	187,372.	172,270.	15,102.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	97,368.	78,251.	19,117.	
23 Insurance.....	23,650.	11,500.	12,150.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>CLIENT WAGES AND TAX</u>	151,418.	151,418.		
b <u>HEALTH CARE PENALTY</u>	140,004.		140,004.	
c <u>PROGRAM EXPENSE</u>	71,664.	71,157.	507.	
d <u>FEES AND LICENSES</u>	70,161.	35,104.	35,057.	
e All other expenses.....	156,004.	138,103.	17,901.	
25 Total functional expenses. Add lines 1 through 24e.	7,767,814.	7,030,130.	737,684.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year	
Assets	1 Cash – non-interest-bearing.....	1,639,642.	1	1,071,649.	
	2 Savings and temporary cash investments.....	274,538.	2	274,590.	
	3 Pledges and grants receivable, net.....		3		
	4 Accounts receivable, net.....	824,652.	4	1,065,312.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6 Loans and other receivables from other disqualified persons (as defined under [REDACTED] beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6		
	7 Notes and loans receivable, net.....		7		
	8 Inventories for sale or use.....	1,509.	8	642.	
	9 Prepaid expenses and deferred charges.....	229,887.	9	231,426.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 2,075,588.			
	b Less: accumulated depreciation.....	10b 932,875.	1,057,112.	10c 1,142,713.	
	11 Investments – publicly traded securities.....		11		
	12 Investments – other securities. See Part IV, line 11.....		12		
	13 Investments – program-related. See Part IV, line 11.....		13		
	14 Intangible assets.....		14		
	15 Other assets. See Part IV, line 11.....		15		
16 Total assets. Add lines 1 through 15 (must equal line 34).....		4,027,340.	16	3,786,332.	
Liabilities	17 Accounts payable and accrued expenses.....	494,048.	17	437,894.	
	18 Grants payable.....		18		
	19 Deferred revenue.....		19		
	20 Tax-exempt bond liabilities.....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23 Secured mortgages and notes payable to unrelated third parties.....		23		
	24 Unsecured notes and loans payable to unrelated third parties.....		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25		
	26 Total liabilities. Add lines 17 through 25.....		494,048.	26	437,894.
Net Assets or Fund Balances	27 Unrestricted net assets.....	3,533,292.	27	3,348,438.	
	28 Temporarily restricted net assets.....		28		
	29 Permanently restricted net assets.....		29		
	30 Capital stock or trust principal, or current funds.....		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31		
	32 Retained earnings, endowment, accumulated income, or other funds.....		32		
	33 Total net assets or fund balances.		3,533,292.	33	3,348,438.
	34 Total liabilities and net assets/fund balances.		4,027,340.	34	3,786,332.

BAA

Form 990 (2015)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,582,960.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,767,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	-184,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,533,292.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	column (B)	10	3,348,438.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	Audit Act and OMB Circular A-133?		X
3 b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

ELMVIEW, INC.

Employer identification number

91-0791250

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

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

- 1 [REDACTED]
- 2 [REDACTED]
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 **170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 _____ in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 [REDACTED] investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a [REDACTED] **complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or **must complete Part IV, Sections A and C.**
 - c [REDACTED] organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d [REDACTED] functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 organization, check this box and stop here ▶	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶	<input type="checkbox"/>	

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

to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	5,581,042.	5,434,757.	5,569,320.	6,496,105.	7,125,316.	30,206,540.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	5,581,042.	5,434,757.	5,569,320.	6,496,105.	7,125,316.	30,206,540.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						30,206,540.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.	5,581,042.	5,434,757.	5,569,320.	6,496,105.	7,125,316.	30,206,540.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	9,461.	4,232.	2,362.	2,653.	2,348.	21,056.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	9,461.	4,232.	2,362.	2,653.	2,348.	21,056.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.	29,473.	46,113.	49,151.	60,400.	55,144.	240,281.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,619,976.	5,485,102.	5,620,833.	6,559,158.	7,182,808.	30,467,877.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	99.14 %
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	99.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	0.07 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	0.10 %

- 19a 33-1/3% support tests – 2015.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- b 33-1/3% support tests – 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <u>how the supported organizations are designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</u>	1	
2 <u>509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)</u>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.....	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.....	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.....	3c	
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.....	4a	
b <u>or supervised by or in connection with its supported organizations</u>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.....	4c	
5a <u>and (c) below (if applicable). Also, provide detail in including (i) the reasons for each such action; (ii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</u>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.....	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?.....	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.....	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).....	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).....	8	
9a <u>as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?</u> If 'Yes,' provide detail in Part VI.....	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.....	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.....	9c	
10a <u>certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.</u>	10a	
b <u>whether the organization had excess business holdings.</u>	10b	

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows include: 11 Has the organization accepted a gift or contribution from any of the following persons? a governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above?

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row includes: 1 of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? b supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

		(optional)
1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8

Section B – Minimum Asset Amount

		(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt-use assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by .035	6
7	Recoveries of prior-year distributions	7
8	Minimum Asset Amount (add line 7 to line 6)	8

Section C – Distributable Amount

		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes.....	
2	in excess of income from activity.....	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4	Amounts paid to acquire exempt-use assets.....	
5	Qualified set-aside amounts (prior IRS approval required).....	
6	Other distributions (describe in Part VI). See instructions.....	
7	Total annual distributions. Add lines 1 through 6.....	
8	in Part VI). See instructions.....	
9	Distributable amount for 2015 from Section C, line 6.....	
10	Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Pre-2015	(iii)
1	Distributable amount for 2015 from Section C, line 6.....		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013.....		
e	From 2014.....		
f	Total of lines 3a through e.....		
g	Applied to underdistributions of prior years.....		
h	Applied to 2015 distributable amount.....		
i	Carryover from 2010 not applied (see instructions).....		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.....		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years.....		
b	Applied to 2015 distributable amount.....		
c	Remainder. Subtract lines 4a and 4b from 4.....		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.....		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013.....		
d	Excess from 2014.....		
e	Excess from 2015.....		

BAA

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
RENT	\$ 55,144.	\$ 60,400.	\$ 49,151.	\$ 46,113.	\$ 29,473.
TOTAL	<u>\$ 55,144.</u>	<u>\$ 60,400.</u>	<u>\$ 49,151.</u>	<u>\$ 46,113.</u>	<u>\$ 29,473.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at

OMB No. 1545-0047

2015

Name of the organization

ELMVIEW, INC.

Employer identification number

91-0791250

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ► \$ _____

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ELMVIEW, INC.	Employer identification number 91-0791250
---------------------------------------	--

Part I Contributors

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY 116 S 4TH ST YAKIMA, WA 98901	\$ 8,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	ELMVIEW TRUST FUND PO BOX 460 ELLENSBURG, WA 98926	\$ 41,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	ARRSN TRUST 1108 CRAIG AVE ELLENSBURG, WA 98926	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

ELMVIEW, INC.

91-0791250

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization

ELMVIEW, INC.

Employer identification number

91-0791250

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

ELMVIEW, INC.

91-0791250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Includes checkboxes for public use, natural habitat, open space, historic land area, and historic structure.

2 last day of the tax year.

Table titled 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements.
b Total acreage restricted by conservation easements.
c Number of conservation easements on a certified historic structure included in (a).
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

3 [Redacted]
4 [Redacted]

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 [Redacted]
7 [Redacted]

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$
(ii) Assets included in Form 990, Part X. \$

2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$
b Assets included in Form 990, Part X. \$

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

- 3 items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a _____
 - b _____
 - c Temporarily restricted endowment _____ %
- 3 a _____ organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		154,362.		154,362.
b Buildings		795,108.	228,168.	566,940.
c Leasehold improvements		259,771.	228,167.	31,604.
d Equipment		866,347.	476,540.	389,807.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,142,713.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,666,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	33,744.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	50,044.
	e Add lines 2a through 2d	2e	83,788.
3	Subtract line 2e from line 1	3	7,582,960.
4	Amounts included on Form 990, Part VIII, line 7b, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,582,960.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,851,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	33,744.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	50,044.
	e Add lines 2a through 2d	2e	83,788.
3	Subtract line 2e from line 1	3	7,767,814.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,767,814.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

UNDER PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. AS OF DECEMBER 31, 2015 AND 2014, THE ORGANIZATION HAD NO UNRELATED BUSINESS ACTIVITIES SUBJECT TO FEDERAL INCOME TAXES.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITION AND CONCLUDED THAT THE

ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

FINANCIAL STATEMENTS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

RENT.....	\$	50,044.
	TOTAL	<u>\$ 50,044.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

RENT.....	\$	50,044.
	TOTAL	<u>\$ 50,044.</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ELMVIEW, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

91-0791250

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SENIOR NUTRITION - PROVIDES MEALS TO SENIORS AT ELLENSBURG ADULT ACTIVITIES CENTER AND SUPPORT COUNTRY CENTENNIAL CENTER, AND ARE DELIVERED TO INDIVIDUAL HOMES. DURING THE YEAR 371 INDIVIDUALS WERE SERVED.

YAKIMA SCHOOL PROGRAM - PROVIDES SUPPORT TO STUDENTS WITH DISABILITIES IN A CLASSROOM SETTING. DURING THE YEAR 26 STUDENTS WERE SERVED.

DIVERSION - PROVIDES SHORT-TERM HOUSING TO PEOPLE WITH DEVELOPMENTAL DISABILITIES IN CRISIS SITUATIONS. DURING THE YEAR 9 INDIVIDUALS WERE SERVED.

TRANSITION - PROVIDES LONGER-TERM HOUSING TO PEOPLE WITH DEVELOPMENTAL DISABILITIES IN CRISIS SITUATIONS.

YAKIMA EMPLOYMENT - PROVIDES EMPLOYMENT TRAINING, PLACEMENT, AND RETENTION SERVICES TO PEOPLE WITH DISABILITIES. DURING THE YEAR 137 INDIVIDUALS WERE SERVED.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

STAFFED RESIDENTIAL SERVICES - CONTRACT WITH DSHS TO PROVIDE RESIDENTIAL SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES LESS THAN 21 YEARS OF AGE IN AN ORGANIZATION OWNED HOUSE. DURING THE YEAR 3 INDIVIDUALS WERE SERVED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS SUBMITTED TO THE FINANCE COMMITTEE AND GENERAL BOARD FOR REVIEW AND APPROVAL.

Name of the organization

Employer identification number

ELMVIEW, INC.

91-0791250

STAFF AND VOLUNTEERS ARE GIVEN THE CONFLICT OF INTEREST POLICY IN WHICH THEY SIGN UPON WORKING AT ELMVIEW. BOTH STAFF AND VOLUNTEERS ARE TO READ, UNDERSTAND AND ABIDE BY THE POLICY. ELMVIEW PRESENTS THE CONFLICT OF INTEREST POLICY TO ALL STAFF AND VOLUNTEERS FOR UPDATED SIGNATURES ANNUALLY.

REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

ELMVIEW MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.