EXTENTION GRANTED TO MAY 15, 2013

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
KITSAP APPLIED TECHNOLOGIES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4195 WHEATON WAY

City or town, state or country, and ZIP + 4
BREMERTON, WA 98310

F Name and address of principal officer: BONNIE MANUEL
SAME AS C ABOVE

D Employer identification number
91-1270463

E Telephone number
360 377-5454

G Gross receipts $ 602,076.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KATKITSAP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984 **M** State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: KITSAP APPLIED TECHNOLOGIES PROVIDES TRAINING AND EMPLOYMENT FOR PERSONS WITH DEVELOPMENTAL AND

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	63
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,021.	16,348.
9	Program service revenue (Part VIII, line 2g)	689,469.	584,765.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17.	78.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370.	885.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	714,877.	602,076.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	564,265.	497,193.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	138,943.	133,311.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	703,208.	630,504.
19	Revenue less expenses. Subtract line 18 from line 12	11,669.	<28,428.>

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	905,551.	858,363.
21	Total liabilities (Part X, line 26)	505,217.	486,457.
22	Net assets or fund balances. Subtract line 21 from line 20	400,334.	371,906.

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

▶ Signature of officer — Date: 02/22/2013

▶ BONNIE MANUEL, BOARD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LARRY HURLEY, CPA	Preparer's signature: Larry Hurley, CPA	Date: 02/13/13	Check ☐ if self-employed	PTIN: P00097252
Firm's name ▶ HURLEY WILLIAMS & COOK PS			Firm's EIN ▶	91-1397083
Firm's address ▶ 4312 KITSAP WAY, SUITE 102 BREMERTON, WA 98312			Phone no.	360-479-4611

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
KITSAP APPLIED TECHNOLOGIES WILL PROVIDE A CONTINUUM OF SERVICES TO ADULTS IN THE FULL RANGE OF DEVELOPMENTAL DISABILITIES TO ENHANCE THEIR LIVES AND PROMOTE INDEPENDENCE WITH THE ULTIMATE GOALS OF COMPETITIVE EMPLOYMENT, INDEPENDENT LIVING AND COMMUNITY INTEGRATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 and section 4947(a)(1) trusts 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 $ 536,233. including grants of $) (Revenue $ 585,650.)
TRAINING AND EMPLOYMENT WERE PROVIDED FOR APPROXIMATELY 90 CLIENTS WITH DEVELOPMENTAL DISABILITIES OR SEVERE PHYSICAL DISABILITIES.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 536,233.