After printing this label:
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

THE LAW OFFICE OF

WILLIAM FRICK

11 AUGUST 2016

U.S. Citizenship & Immigration Services
Attn: I-129 R-1
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Re:	**Petitioner**	**:**	**Kurios Church of the Christian & Missionary Alliance**
	Beneficiary	**:**	**Dong Jin Lee**
	Form(s)	**:**	**I-539, Application to Extend/Change Nonimmigrant Status** **I-129, Petition for a Nonimmigrant Worker** **I-907, Request for Premium Processing Services**

Dear Reviewing Officer:

Our office represents Petitioner, *Kurios Church of the Christian & Missionary Alliance,* and Beneficiary, Dong Jin Lee, with regard to the above-referenced petition and application.

Enclosed please find the following for your review and consideration of this petition and application:

- I-907, Request for Premium Processing Services
- G-28, Notice of Entry of Appearance as Attorney - Kurios Church of the Christian & Missionary Alliance
- I-129, Petition for a Nonimmigrant Worker – Kurios Church of the Christian & Missionary Alliance
- G-28, Notice of Entry of Appearance as Attorney – Dong Jin Lee
- I-539, Application to Extend/Change Nonimmigrant Status – Dong Jin Lee
- Faith Evangelical College & Seminary Transcript (sealed envelope)
- Passports – Dong Jin Lee Family
    - Dong Jin Lee
    - Kyung Sook Kang (Wife)
    - Hanbich Lee (Son)
    - Haneol Lee (Son)
    - Hangil Lee (Son)
- Resume – Dong Jin Lee
- Family Relationship Certificate

701 Millennium Tower 719 Second Avenue
Seattle, Washington 98104
206.714.2514 (voice) 206.770.7215 (fax)
william@fricklawfirm.info
MEMBER OF THE BAR: PENNSYLVANIA WASHINGTON STATE
MEMBER: AMERICAN IMMIGRATION LAWYERS ASSOCIATION

- F-1 Student Visa Documents – Dong Jin Lee
- F-2 Student Visa Documents – Dong Jin Lee Family
- C&MA Korean District Church – Financial Support Approval
- Job Description – Pastor-in-Charge
- 2016 Church Directory
- Member Registration Forms
- Business License
- Certificate of Incorporation
- FEIN Confirmation
- Washington Secretary of State, Nonprofit Corporation Annual Report – May 5, 2014
- Washington Secretary of State, Nonprofit Corporation Amended Annual Report – April 27, 2016
- Articles of Incorporation – May 6, 2013
- Christian & Missionary Alliance Exemption Inclusion
- Form 941 – Employer's Quarterly Federal Tax Return – 2013
- Form 941 – Employer's Quarterly Federal Tax Return – 2014
- Form 941 – Employer's Quarterly Federal Tax Return – 2015
- Form 941 – Employer's Quarterly Federal Tax Return – 2016
- Washington State Department of Labor & Industries – Quarterly Reports – 2013, 2014 & 2015
- Bank Statements – 2013
- Bank Statements – 2014
- Bank Statements – 2015
- Bank Statements – 2016
- Financial Statements (Unaudited) – 2013, 2014 & 2015
- Ordination Worship Service Program
- Establishment Worship Service Program
- Worship Service Programs
- Photographs of Church
- Northwest Support Notification
- Letter(s) for CPT

Copies of documents submitted are exact photocopies of unaltered original documents. We understand that we may be required to submit original documents to an Immigration or Consular Office at a later date.

If you have any questions or need additional information, please do not hesitate to contact our office.

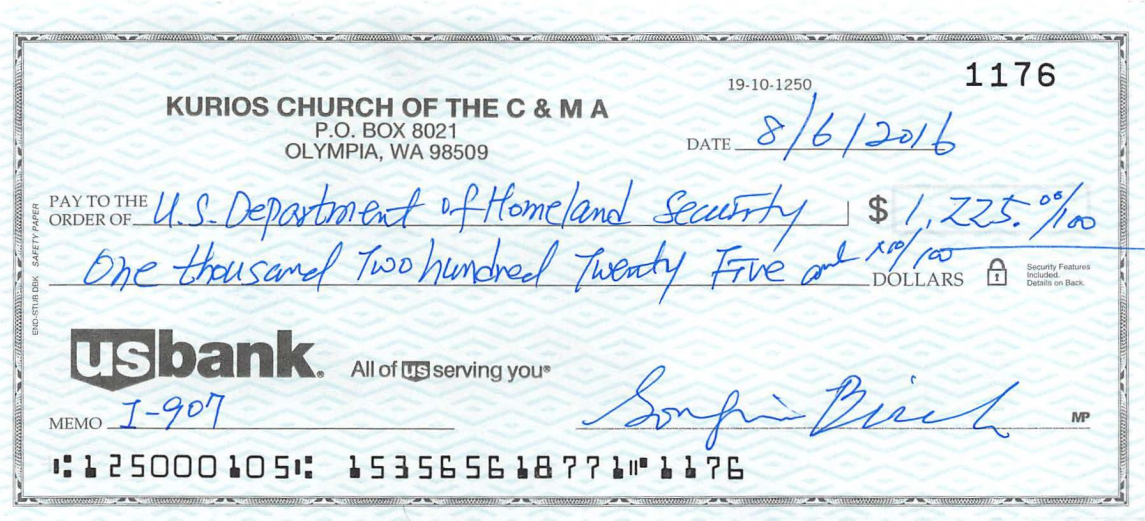
701 Millennium Tower 719 Second Avenue
Seattle, Washington 98104
206.714.2514 (voice) 206.770.7215 (fax)
william@fricklawfirm.info
MEMBER OF THE BAR: PENNSYLVANIA WASHINGTON STATE
MEMBER: AMERICAN IMMIGRATION LAWYERS ASSOCIATION

Thank you for your consideration.

Sincerely,

William Frick

701 Millennium Tower 719 Second Avenue
Seattle, Washington 98104
206.714.2514 (voice) 206.770.7215 (fax)
william@fricklawfirm.info
MEMBER OF THE BAR: PENNSYLVANIA WASHINGTON STATE
MEMBER: AMERICAN IMMIGRATION LAWYERS ASSOCIATION



1176

19-10-1250

KURIOS CHURCH OF THE C & M A
P.O. BOX 8021
OLYMPIA, WA 98509

DATE 8/6/2016

PAY TO THE ORDER OF U.S. Department of Homeland Security $ 1,225.00/100

One thousand Two hundred Twenty Five and 00/100 DOLLARS

Security Features Included. Details on Back.

END-STUB DBK SAFETY PAPER

usbank. All of us serving you®

MEMO I-907

Sonja Birch

MP

⑆125000105⑆ 153565618771⑈1176

Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 01/31/2018

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date	Date	Date	
	Date	Date	Date	Action Block
	Remarks			

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS ELIS Account Number (if any)
		26648	

►START HERE - Type or print in black ink.

Part 1. Information About the Person Filing This Request

1. **Alien Registration Number (A-Number)** (if any)
   ► A-

2. **Family Name (Last Name)** | **Given Name (First Name)** | **Middle Name**

3. **Company or Organization Named in the Related Case:** If filed on behalf of a company or organization
   Kurios Church of the Christian

4. **Mailing Address**
   In Care Of Name: Kurios Church of the Christian
   Street Number and Name or PO Box Number: PO Box 8021
   Apt. ☐ Ste. ☐ Flr. ☐ Number
   City or Town: Olympia
   State: WA
   ZIP Code: 98509
   Province | Postal Code | Country: USA

5. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

   If you answered "No," provide your physical address in **Item Number 6.**

Part 1. Information About the Person Filing This Request *(continued)*

6. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
1807 9th Avenue SW	☐	☐	☐	

City or Town	State	ZIP Code
Olympia	WA	98502

Province	Postal Code	Country
		USA

7. Request for Premium Processing Service: (select **only one** box)

☒ I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.

☐ I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)

☐ I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.

☐ I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application	2. Receipt Number of Related Petition or Application	3. Classification or Eligibility Requested
I-129		R-1 Religious Worker

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)	Given Name (First Name)	Middle Name
Kurios Church of the Christian		

5. Beneficiary in the Related Case

Family Name (Last Name)	Given Name (First Name)	Middle Name
Lee	Dong Jin	

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)	Given Name (First Name)	Middle Name
Birck	Song	

Position Title: President

7. Company or Organization IRS Tax Number (if any)

EIN 46 2749472

Part 2. Information About the Request *(continued)*

8. Address of Petitioner, Applicant, Company or Organization Named in Related Case

Street Number and Name	Apt.	Ste.	Flr.	Number
PO Box 8021	☐	☐	☐	

City or Town	State	ZIP Code
Olympia	WA	98509

Province	Postal Code	Country
		USA

Part 3. Requestor's Statement, Certification, Signature, and Contact Information

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud or misrepresentation, or the issuance of:

1. An approval notice;
2. A request for evidence;
3. A notice of intent to deny; or
4. A denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

A. ☒ I can read and understand English, and have read and understand each and every question and instruction on this request, as well as my answer to each question.

B. ☐ The interpreter named in **Part 4.** has read to me each and every question and instruction on this request, as well as my answer to each question, in [ ], a language in which I am fluent. I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

☒ I have requested the services of and consented to [William Frick], ☒ who is ☐ is not an attorney or accredited representative, preparing this request for me.

Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request and in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

Part 3. Requestor's Statement, Certification, Signature, and Contact Information *(continued)*

Requestor's Signature

3. **Requestor's Signature** — Sonjia Birch

Date of Signature (mm/dd/yyyy) ► 08/06/2016

Requestor's Contact Information

4. **Requestor's Daytime Telephone Number**: 3607899086

5. **Requestor's Mobile Telephone Number (if any)**: 3607899086

6. **Requestor's Email Address (if any)**: kurios130901@gmail.com

7. **Requestor's Fax Number (if any)**:

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter:

Interpreter's Full Name

1. **Interpreter's Family Name (Last Name)**

Interpreter's Given Name (First Name)

2. **Interpreter's Business or Organization Name (if any)**

Interpreter's Mailing Address

3. **Street Number and Name**

Apt. Ste. Flr. Number ☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. **Interpreter's Daytime Telephone Number**

5. **Interpreter's Email Address (if any)**

Interpreter's Certification

I certify that:

I am fluent in English and _____, which is the same language provided in **Part 3.**, **Item B.** in **Item Number 1.**;

I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in **Part 3.**, **Item B.** in **Item Number 1.**; and

The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.

Part 4. Interpreter's Contact Information, Certification, and Signature *(continued)*

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy) ▶

Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor

Provide the following information about the preparer:

Preparer's Full Name

1. Preparer's Family Name (Last Name): Frick

Preparer's Given Name (First Name): William

2. Preparer's Business or Organization Name (if any): Law Office of William Frick

Preparer's Mailing Address

3. Street Number and Name: 719 Second Avenue

Apt. ☐ Ste. ☒ Flr. ☐

Number: 701

City or Town: Seattle

State: WA

ZIP Code: 98104

Province:

Postal Code:

Country: USA

Preparer's Contact information

4. Preparer's Telephone Number: 2062860167

5. Preparer's Fax Number: 2067707215

6. Preparer's Email Address (if any): william@crossborders.us

Preparer's Statement

7.A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

7.B. ☒ I am an attorney or accredited representative and my representation of the requestor in this case (choose one) ☒ extends ☐ does not extend beyond the preparation of this request.

Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor *(continued)*

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy) ▶ 08/06/2016

1175

19-10-1250

KURIOS CHURCH OF THE C & M A
P.O. BOX 8021
OLYMPIA, WA 98509

DATE 8/6/2016

PAY TO THE ORDER OF U.S. Department of Homeland Security $ 325.00/100

Three hundred Twenty Five and 00/100 DOLLARS

Security Features Included. Details on Back.

END STUB DBK SAFETY PAPER

usbank. All of us serving you®

T-129

MP

⑈153565618771⑈1175

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number *(if any)*
   ▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name *(Last Name)*: Frick

2.b. Given Name *(First Name)*: William

2.c. Middle Name:

3.a. Street Number and Name: 719 Second Avenue

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 701

3.c. City or Town: Seattle

3.d. State: WA

3.e. ZIP Code: 98104

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

4. Daytime Telephone Number: 2062860167

5. Fax Number: 2067707215

6. E-Mail Address *(if any)*: william@crossborders.us

7. Mobile Telephone Number *(if any)*: 2067142514

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before *(Select **only one** box)*:

1.a. ☒ USCIS

1.b. List the form numbers: All Matters

2.a. ☐ ICE

2.b. List the specific matter in which appearance is entered:

3.a. ☐ CBP

3.b. List the specific matter in which appearance is entered:

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:

☐ Applicant ☐ Petitioner ☐ Requestor

☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name *(Last Name)*:

5.b. Given Name *(First Name)*:

5.c. Middle Name:

6. Name of Company or Organization *(if applicable)*: Kurios Church of the Christian

Part 2. Notice of Appearance as Attorney or Accredited Representative *(continued)*

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number *(if any)*
▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number
3607899086

10. Mobile Telephone Number *(if any)*
3607899086

11. E-Mail Address *(if any)*
kurios130901@gmail.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name: PO Box 8021

12.b. Apt. ☐ Ste. ☐ Flr. ☐

12.c. City or Town: Olympia

12.d. State: WA **12.e.** ZIP Code: 98509

12.f. Province

12.g. Postal Code

12.h. Country
USA

Part 3. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. *(If you need additional space, use **Part 6.**)*

Licensing Authority
Washington; Pennsylvania

1.b. Bar Number *(if applicable)*
26648 (WA)

1.c. Name of Law Firm
Law Office of William Frick

1.d. I *(choose one)* ☒ ***am not*** ☐ ***am***
subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. *(If you need additional space, use **Part 6.**)*

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires *(mm/dd/yyyy)* ▶

Part 3. Eligibility Information for Attorney or Accredited Representative *(continued)*

3. ☐ I am associated with

[ ],

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c.** in **Part 3.** *(whichever is appropriate).*

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

[ ]

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. ☐ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

➡ [Dongmin Park]

3.b. Date of Signature *(mm/dd/yyyy)*▶ [08/06/2016]

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

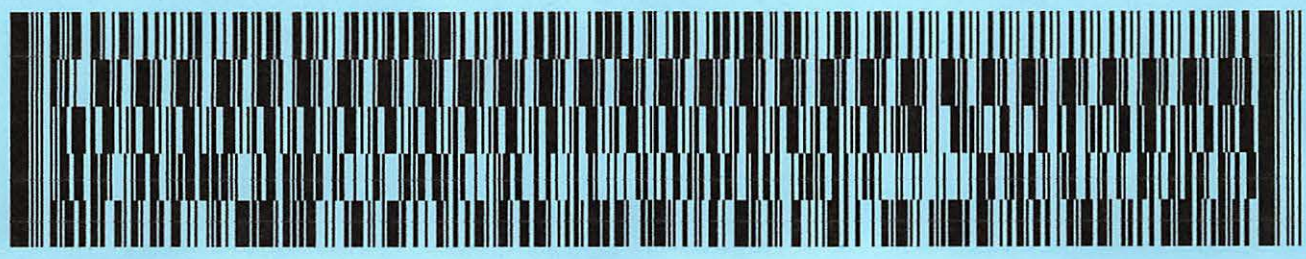
1. Signature of Attorney or Accredited Representative

[William Park]

2. Signature of Law Student or Law Graduate

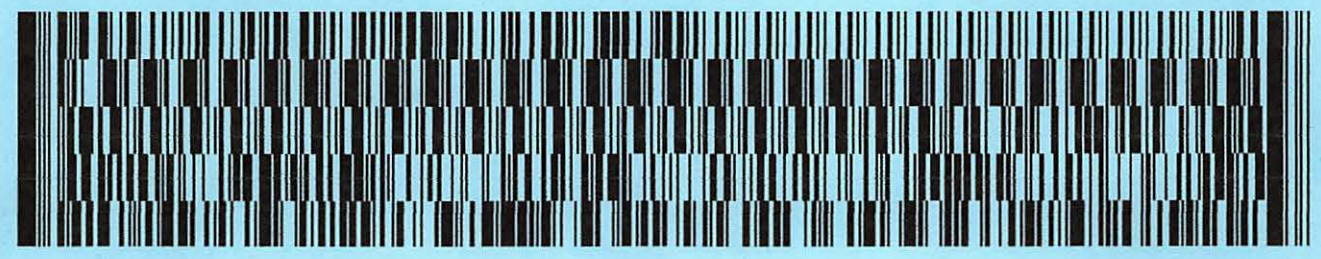
[ ]

3. Date of Signature *(mm/dd/yyyy)*▶ [08/06/2016]



Part 6. Additional Information

Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)



Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	☐ Classification Approved ☐ Consulate/POE/PFI Notified At: _____ ☐ Extension Granted ☐ COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1.** **If you are a company or an organization filing this petition,** complete **Item Number 2.**

1. Legal Name of Individual Petitioner

Family Name (last name)	Given Name (first name)	Middle Name

2. Company or Organization Name

Kurios Church of the Christian and Missionary Alliance (C&MA)

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Street Number and Name: PO Box 8021 | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: Olympia | State: WA | ZIP Code: 98509

Province | Postal Code | Country: USA

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
3607899086	3607899086	kurios130901@gmail.com

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 46-2749472	►	►

Part 2. Information About This Petition (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol): R-1

2. **Basis for Classification** (select **only one** box):
   - [X] **a.** New employment.
   - [ ] **b.** Continuation of previously approved employment without change with the same employer.
   - [ ] **c.** Change in previously approved employment.
   - [ ] **d.** New concurrent employment.
   - [ ] **e.** Change of employer.
   - [ ] **f.** Amended petition.

3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** ▶ N O N E

4. **Requested Action** (select **only one** box):
   - [ ] **a.** Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
   - [X] **b.** Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
   - [ ] **c.** Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
   - [ ] **d.** Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
   - [ ] **e.** Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
   - [ ] **f.** Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ▶ 1

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**

2. **Provide Name of Beneficiary**

Family Name (last name)	Given Name (first name)	Middle Name
Lee	Dong Jin	

3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (last name)	Given Name (first name)	Middle Name
Kang	Kyung Sook	
Lee	Hanbich	
Lee	Haneol	

4. **Other Information**

Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
07/16/1959	[X] Male [ ] Female	▶ 0 3 1 9 6 7 8 7 5

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number)
▶ A-

Country of Birth: South Korea

Province of Birth: Seoul

Country of Citizenship or Nationality: Republic of Korea

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy): 08/30/2011

I-94 Arrival-Departure Record Number: ▶ 3 8 1 3 8 6 8 5 9 2 6

Passport or Travel Document Number: M73213028

Date Passport or Travel Document Issued (mm/dd/yyyy): 06/03/2010

Date Passport or Travel Document Expires (mm/dd/yyyy): 06/03/2020

Passport or Travel Document Country of Issuance: Republic of Korea

Current Nonimmigrant Status: F1 - STUDENT - ACADEMIC

Date Status Expires or D/S (mm/dd/yyyy): 08/03/2016

Student and Exchange Visitor Information System (SEVIS) Number (if any): N0008514637

Employment Authorization Document (EAD) Number (if any):

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name: 2010 Ashwood Down Lane SE

Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr — C121

City or Town: Olympia

State: WA

ZIP Code: 98501

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number: ☐ Apt ☐ Ste ☐ Flr

City or Town

State

Province

Postal Code

Country

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ▶ ☒ No

4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Web site at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
☐ Yes. If yes, how many? ▶ ☒ No

5. Are you filing any applications for dependents with this petition?
☒ Yes. If yes, how many? ▶ 4 ☐ No

6. Is any beneficiary in this petition in removal proceedings?
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No

7. Have you ever filed an immigrant petition for any beneficiary in this petition?
☒ Yes. If yes, how many? ▶ 1 ☐ No

8. Did you indicate you were filing a new petition in **Part 2.**?
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**

a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No

11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No

11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title
Pastor in Charge

2. LCA or ETA Case Number

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1.**

Street Number and Name	Apt. Ste. Flr.	Number
1807 9th Ave SW	☐ ☐ ☐	

City or Town	State	ZIP Code
Olympia	WA	98502

4. Did you include an itinerary with the petition? ☐ Yes ☒ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☒ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No

7. Is this a full-time position? ☒ Yes ☐ No

8. If the answer to **Item Number 7.** is no, how many hours per week for the position? ▶

9. Wages: $ 32,500.00 per (Specify hour, week, month, or year) ▶ Year

10. Other Compensation (Explain)

None

11. Dates of intended employment From: (mm/dd/yyyy) 11/14/2016 To: (mm/dd/yyyy) 05/14/2019

12. Type of Business

Church (Not for profit religious organization)

13. Year Established

2013

14. Current Number of Employees in the United States

1

15. Gross Annual Income

$45,885

16. Net Annual Income

$37,515

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☐ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (last name): Birck

Given Name (first name): Song

Title: President

2. Signature and Date

Signature of Authorized Signatory: Songmin Birck

Date of Signature (mm/dd/yyyy): 08/06/2016

3. Signatory's Contact Information

Daytime Telephone Number: 3607899086

Email Address (if any): songbirck@hotmail.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (last name): Frick

Given Name (first name): William

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Law Office of William Frick

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name	Apt.	Ste.	Flr.	Number
719 Second Avenue	☐	☒	☐	701

City or Town	State	ZIP Code
Seattle	WA	98104

Province	Postal Code	Country
		USA

4. Preparer's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
2062860167	2067707215	william@crossborders.us

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer	Date of Signature (mm/dd/yyyy)
William Tack	08/06/2016

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ▶ **A-**

2. **Page Number** 2 **Part Number** 3 **Item Number** 3

LEE, Hangil (Son)

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**

E-1/E-2 Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

2. Name of the Beneficiary

Family Name (last name)	Given Name (first name)	Middle Name

3. Classification sought (select **only one** box):

☐ E-1 Treaty Trader ☐ E-2 Treaty Investor ☐ E-2 CNMI Investor

4. Name of country signatory to treaty with the United States

5. Are you seeking advice from USCIS to determine whether changes in the terms or conditions of E status for one or more employees are substantive? ☐ Yes ☐ No

Section 1. Information About the Employer Outside the United States (if any)

1. Employer's Name

2. Total Number of Employees

3. Employer's Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Principal Product, Merchandise or Service

5. Employee's Position - Title, duties and number of years employed

Section 2. Additional Information About the U.S. Employer

1. How is the U.S. company related to the company abroad? (select **only one** box)

☐ Parent ☐ Branch ☐ Subsidiary ☐ Affiliate ☐ Joint Venture

2.a. Place of Incorporation or Establishment in the United States

2.b. Date of incorporation or establishment (mm/dd/yyyy)

3. Nationality of Ownership (Individual or Corporate)

Name (First/MI/Last)	Nationality	Immigration Status	Percent of Ownership

4. Assets

5. Net Worth

6. Net Annual Income

7. Staff in the United States

a. How many executive and managerial employees does the petitioner have who are nationals of the treaty country in either E, L, or H nonimmigrant status?

b. How many persons with special qualifications does the petitioner employ who are in either E, L, or H nonimmigrant status?

c. Provide the total number of employees in executive and managerial positions in the United States.

d. Provide the total number of positions in the United States that require persons with special qualifications.

8. If the petitioner is attempting to qualify the employee as an executive or manager, provide the total number of employees he or she will supervise. Or, if the petitioner is attempting to qualify the employee based on special qualifications, explain why the special qualifications are essential to the successful or efficient operation of the treaty enterprise.

Section 3. Complete If Filing for an E-1 Treaty Trader

1. Total Annual Gross Trade/Business of the U.S. company

2. For Year Ending (yyyy)

3. Percent of total gross trade between the United States and the treaty trader country.

Section 4. Complete If Filing for an E-2 Treaty Investor

Total Investment: Cash Equipment Other

Inventory Premises Total

Trade Agreement Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

2. Name of the Beneficiary

3. Employer is a (select **only one** box):
   ☐ U.S. Employer ☐ Foreign Employer

4. If Foreign Employer, Name the Foreign Country

Section 1. Information About Requested Extension or Change (See instructions attached to this form.)

1. This is a request for Free Trade status based on (select **only one** box):

   ☐ **a.** Free Trade, Canada (TN1)
   ☐ **b.** Free Trade, Mexico (TN2)
   ☐ **c.** Free Trade, Chile (H-1B1)
   ☐ **d.** Free Trade, Singapore (H-1B1)
   ☐ **e.** Free Trade, Other
   ☐ **f.** A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)

Section 2. Petitioner's Declaration, Signature, and Contact Information (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.

1. **Name of Petitioner**

   Family Name (last name) | Given Name (first name)

2. **Signature and Date**

   Signature of Petitioner | Date of Signature (mm/dd/yyyy)

3. **Petitioner's Contact Information**

   Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. **Name of Preparer**

   Family Name (last name) | Given Name (first name)

2. **Preparer's Business or Organization Name** (if any)

   (If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA)).

3. **Preparer's Mailing Address**

   Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

   City or Town | State | ZIP Code

   Province | Postal Code | Country

4. **Preparer's Contact Information**

   Daytime Telephone Number | Fax Number | Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. **Signature and Date**

   Signature of Preparer | Date of Signature (mm/dd/yyyy)

H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy) From	To

4. Classification sought (select **only one** box):

- ☐ **a.** H-1B Specialty Occupation
- ☐ **b.** H-1B1 Chile and Singapore
- ☐ **c.** H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ **d.** H-1B3 Fashion model of distinguished merit and ability
- ☐ **e.** H-2A Agricultural worker
- ☐ **f.** H-2B Non-agricultural worker
- ☐ **g.** H-3 Trainee
- ☐ **h.** H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?
☐ Yes ☐ No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?
☐ Yes ☐ No

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?
☐ Yes. If yes, please explain in **Item Number 7.b.** ☐ No

7.b. Explanation

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner	Name of Petitioner	Date (mm/dd/yyyy)
➡		

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer	Name of Authorized Official of Employer	Date (mm/dd/yyyy)

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager	Name of DOD Project Manager	Date (mm/dd/yyyy)

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select **only one** box)

☐ **a.** Seasonal ☐ **b.** Peak load ☐ **c.** Intermittent ☐ **d.** One-time occurrence

2. Temporary need is: (select **only one** box)

☐ **a.** Unpredictable ☐ **b.** Periodic ☐ **c.** Recurrent annually

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

3. Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

4. List the countries of citizenship for the H-2A or H-2B workers you plan to hire.

a.	**d.**
b.	**e.**
c.	**f.**

5.a. You must provide all of the requested information for **Item Numbers 5.a. - 6.** for each H-2A or H-2B worker you plan to hire who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1) or 214.2(h)(6)(i)(E)(1). See www.uscis.gov for the list of participating countries. (Attach a separate sheet if additional space is needed.)

Family Name (last name) | Given Name (first name) | Middle Name

5.b. Provide all other name(s) used

Family Name (last name) | Given Name (first name) | Middle Name

5.c. Date of Birth (mm/dd/yyyy) **5.d.** Country of Birth

5.e. Country of Citizenship or Nationality

6.a. Have any of the workers listed in **Item Number 5.** above ever been admitted to the United States previously in H-2A/H-2B status?

☐ Yes. If yes, go to **Part 9.** of Form I-129 and write your explanation. ☐ No

6.b. Visa Classification (H-2A or H-2B):

NOTE: If any of the H-2A or H-2B workers you are requesting are nationals of a country that is not on the eligible countries list, you must also provide evidence showing: **(1)** that workers with the required skills are not available from a country currently on the eligible countries list*; **(2)** whether the beneficiaries have been admitted previously to the United States in H-2A or H-2B status; **(3)** that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A or H-2B visa programs through the potential admission of the intended workers; and **(4)** any other factors that may serve the United States interest.

* For H-2A petitions only: You must also show that workers with the required skills are not available from among United States workers.

7.a. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A/H-2B workers that you intend to hire by filing this petition?

☐ Yes ☐ No

If yes, list the name and address of service or agent used below. Please use **Part 9.** of Form I-129 if you need to include the name and address of more than one service or agent.

7.b. Name

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

7.c. Address

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

8.a. Did any of the H-2A/H-2B workers that you are requesting pay you, or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees at a later date? The phrase "fees or other compensation" includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2A or H-2B worker under law under U.S. Department of Labor rules. This phrase does not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2A or H-2B worker by statute, regulations, or any laws. ☐ Yes ☐ No

8.b. If yes, list the types and amounts of fees that the worker(s) paid or will pay.

8.c. If the workers paid any fee or compensation, were they reimbursed? ☐ Yes ☐ No

8.d. If the workers agreed to pay a fee that they have not yet been paid, has their agreement been terminated before the workers paid the fee? (Submit evidence of termination or reimbursement with this petition.) ☐ Yes ☐ No

9. Have you made reasonable inquiries to determine that to the best of your knowledge the recruiter, facilitator, or similar employment service that you used has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2 workers of this petition as a condition of the H-2 workers' employment? ☐ Yes ☐ No

NOTE: If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked. ☐ Yes ☐ No

10.a. Have you ever had an H-2A or H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer or employment? ☐ Yes ☐ No

10.a.1 If yes, when?

10.a.2 Receipt Number: ▶

10.b. Were the workers reimbursed for such fees and compensation? (Submit evidence of reimbursement.) If you answered no because you were unable to locate the workers, include evidence of your efforts to locate the workers. ☐ Yes ☐ No

11. Have any of the workers you are requesting experienced an interrupted stay associated with their entry as an H-2A or H-2B? (See form instructions for more information on interrupted stays.) ☐ Yes ☐ No

If yes, document the workers' periods of stay in the table on the first page of this supplement. Submit evidence of each entry and each exit, with the petition, as evidence of the interrupted stays.

12.a. If you are an H-2A petitioner, are you a participant in the E-Verify program? ☐ Yes ☐ No

12.b. If yes, provide the E-Verify Company ID or Client Company ID.

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

The H-2A/H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

For H-2A petitioners only: The petitioner agrees to pay $10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement.

The petitioner must execute **Part A.** If the petitioner is the employer's agent, the employer must execute **Part B.** If there are joint employers, they must each execute **Part C.**

Part A. Petitioner

By filing this petition, I agree to the conditions of H-2A/H-2B employment and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Signature of Petitioner	Name of Petitioner	Date (mm/dd/yyyy)
➡		

Part B. Employer who is not the petitioner

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility.

Signature of Employer	Name of Employer	Date (mm/dd/yyyy)

Part C. Joint Employers

I agree to the conditions of H-2A eligibility.

Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)

Section 3. Complete This Section If Filing for H-3 Classification

If you answer yes to any of the following questions, attach a full explanation.

1. Is the training you intend to provide, or similar training, available in the beneficiary's country? ☐ Yes ☐ No

2. Will the training benefit the beneficiary in pursuing a career abroad? ☐ Yes ☐ No

3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in **Part 9. of Form I-129.** ☐ Yes ☐ No

4. Does the beneficiary already have skills related to the training? ☐ Yes ☐ No

5. Is this training an effort to overcome a labor shortage? ☐ Yes ☐ No

6. Do you intend to employ the beneficiary abroad at the end of this training? ☐ Yes ☐ No

7. If you do not intend to employ the beneficiary abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training.

H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. General Information

1. **Employer Information** - (select all items that apply)

   a. Is the petitioner an H-1B dependent employer? ☐ Yes ☐ No

   b. Has the petitioner ever been found to be a willful violator? ☐ Yes ☐ No

   c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? ☐ Yes ☐ No

      c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least $60,000? ☐ Yes ☐ No

      c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? ☐ Yes ☐ No

   d. Does the petitioner employ 50 or more individuals in the United States? ☐ Yes ☐ No

      d.1. If yes, are more than 50 percent of those employees in H-1B or L-1A or L-1B nonimmigrant status? ☐ Yes ☐ No

2. **Beneficiary's Highest Level of Education** (select **only one** box)

   ☐ a. NO DIPLOMA

   ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)

   ☐ c. Some college credit, but less than 1 year

   ☐ d. One or more years of college, no degree

   ☐ e. Associate's degree (for example: AA, AS)

   ☐ f. Bachelor's degree (for example: BA, AB, BS)

   ☐ g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

   ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)

   ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

4. Rate of Pay Per Year

5. DOT Code

6. NAICS Code

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **$1,500** or **$750** American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☐ No

2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☐ No

Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? ☐ Yes ☐ No

4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? ☐ Yes ☐ No

5. Is this an amended petition that does not contain any request for extensions of stay? ☐ Yes ☐ No

6. Are you filing this petition to correct a USCIS error? ☐ Yes ☐ No

7. Is the petitioner a primary or secondary education institution? ☐ Yes ☐ No

8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? ☐ Yes ☐ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☐ Yes ☐ No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of **$750.** If you answered no, then you are required to pay an additional ACWIA fee of **$1,500.**

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **$500** Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, an additional fee of **$2,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **$2,000** fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select **only one** box):

   ☐ **a.** CAP H-1B Bachelor's Degree
   ☐ **b.** CAP H-1B U.S. Master's Degree or Higher
   ☐ **c.** CAP H-1B1 Chile/Singapore
   ☐ **d.** CAP Exempt

2. If you answered **Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"** provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

   a. Name of the United States institution of higher education

   b. Date Degree Awarded

   c. Type of United States Degree

   d. Address of the United States institution of higher education

   Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

   City or Town | State | ZIP Code

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

- ☐ **a.** The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
- ☐ **b.** The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ **c.** The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
- ☐ **d.** The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
- ☐ **e.** The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- ☐ **f.** The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
- ☐ **g.** The beneficiary of this petition has been counted against the cap and: **(1)** was previously granted status as an H-1B nonimmigrant in the past 6 years, **(2)** is applying from abroad to reclaim the remaining portion of the 6 years, or **(3)** is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
- ☐ **h.** The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. ☐ Yes ☐ No

   If no, do not complete **Item Numbers 2.** and **3.**

2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. ☐ Yes ☐ No

3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. ☐ Yes ☐ No

L Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

2. Name of the Beneficiary

3. This petition is (select **only one** box): ☐ **a.** An individual petition ☐ **b.** A blanket petition

4.a. Does the petitioner employ 50 or more individuals in the U.S.? ☐ Yes ☐ No

4.b. If yes, are more than 50 percent of those employee in H-1B, L-1A or L-1B nonimmigrant status? ☐ Yes ☐ No

Section 1. Complete This Section If Filing For An Individual Petition

1. Classification sought (select **only one** box): ☐ **a.** L-1A manager or executive ☐ **b.** L-1B specialized knowledge

2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to **Part 9. of Form I-129**.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	**Period of Stay** (mm/dd/yyyy) **From**	**To**

3. Name of employer abroad

4. Address of employer abroad

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Section 1. Complete This Section If Filing For An Individual Petition (continued)

5. Dates of beneficiary's employment with this employer. Explain any interruptions in employment.

Dates of Employment (mm/dd/yyyy) From	To	Explanation of Interruptions

6. Describe the beneficiary's duties abroad for the 3 years preceding the filing of the petition. (If the beneficiary is currently inside the United States, describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the United States.)

7. Describe the beneficiary's proposed duties in the United States.

8. Summarize the beneficiary's education and work experience.

9. How is the U.S. company related to the company abroad? (select **only one** box)

☐ **a.** Parent ☐ **b.** Branch ☐ **c.** Subsidiary ☐ **d.** Affiliate ☐ **e.** Joint Venture

Section 1. Complete This Section If Filing For An Individual Petition (continued)

10. Describe the percentage of stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.

Percentage of company stock ownership and managerial control of each company that has a qualifying relationship.	**Federal Employer Identification Number for each U.S. company that has a qualifying relationship**

11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad?

☐ Yes ☐ No. If no, provide an explanation in **Part 9. of Form I-129** that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.

12. Is the beneficiary coming to the United States to open a new office?

☐ Yes ☐ No (attach explanation)

If you are seeking L-1B specialized knowledge status for an individual, answer the following question:

13.a. Will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?

☐ Yes ☐ No

13.b. If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to **Part 9.** of the Form I-129, and type or print your explanation.

13.c. If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this question, proceed to **Part 9.** of the Form I-129, and type or print your explanation.

Section 2. Complete This Section If Filing A Blanket Petition

List all U.S. and foreign parent, branches, subsidiaries, and affiliates included in this petition. (Attach a separate sheet(s) of paper if additional space is needed.)

Name and Address	Relationship

Section 3. Additional Fees

NOTE: A petitioner that seeks initial approval of L nonimmigrant status for a beneficiary, or seeks approval to employ an L nonimmigrant currently working for another employer, must submit an additional **$500** Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, you must submit an additional fee of **$2,250** if you responded yes to both questions in **Item Numbers 4.a.** and **4.b.** on the first page of this L Classification Supplement. This **$2,250** fee is mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

These fees, when applicable, may not be waived. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).

O and P Classifications

Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries:

3. **Classification sought** (select **only one** box)

- ☐ **a.** O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ **b.** O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ **c.** O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- ☐ **d.** P-1 Major League Sports
- ☐ **e.** P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- ☐ **f.** P-1S Essential Support Personnel for P-1
- ☐ **g.** P-2 Artist or entertainer for reciprocal exchange program
- ☐ **h.** P-2S Essential Support Personnel for P-2
- ☐ **i.** P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ **j.** P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

5. Describe the duties to be performed.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien.

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in **Item Number 7.b.** ☐ No.

Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

8. Does an appropriate labor organization exist for the petition?
☐ Yes ☐ No. If no, proceed to **Part 9.** and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?
☐ Yes ☐ No - copy of request attached ☐ N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. Physical Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

11.b. Complete Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

12.b. Physical Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

12.c. Date Sent (mm/dd/yyyy)

12.d. Daytime Telephone Number

Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

13.a. Name of Labor Organization

13.b. Complete Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. Name of Petitioner

Family Name (last name) | Given Name (first name) | Middle Name

2. Signature and Date

Signature of Petitioner | Date of Signature (mm/dd/yyyy)

3. Petitioner's Contact Information

Daytime Telephone Number | Email Address (if any)

Q-1 Classification
Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. Complete if you are filing for a Q-1 International Cultural Exchange Alien

I hereby certify that the participant(s) in the international cultural exchange program:

a. Is at least 18 years of age,

b. Is qualified to perform the service or labor or receive the type of training stated in the petition,

c. Has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and

d. Has resided and been physically present outside the United States for the immediate prior year. (Applies only if the participant was previously admitted as a Q-1).

I also certify that I will offer the alien(s) the same wages and working conditions comparable to those accorded local domestic workers similarly employed.

1. **Name of Petitioner**
   Family Name (last name) | Given Name (first name) | Middle Name

2. **Signature and Date**
   Signature of Petitioner | Date of Signature (mm/dd/yyyy)

3. **Petitioner's Contact Information**
   Daytime Telephone Number | Email Address (if any)

R-1 Classification
Supplement to Form I-129
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

Kurios Church of the Christian and Missionary Alliance

2. Name of the Beneficiary

Dong Jin Lee

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

Employer Attestation

Provide the following information about the petitioner:

1.a. Number of members of the petitioner's religious organization? 17

1.b. Number of employees working at the same location where the beneficiary will be employed? 1

1.c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years? 0

1.d. Number of special immigrant religious worker petition(s) (I-360) and nonimmigrant religious worker petition(s) (I-129) filed by the petitioner within the past five years? 0

2. Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification in the last five years? ☐ Yes ☒ No

If yes, complete the spaces below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States in the last five years. Please be sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in **Part 9. of Form I-129.**

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy) From	To

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheet(s) of paper.

Position	Summary of the Type of Responsibilities for That Position
Pastor in Charge	See attached (Kurios Church Position Descriptions)
Ministry Worker	See attached (Kurios Church Position Descriptions)
There is no other employee.	

4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

NA

Provide the following information about the prospective employment:

5.a. Title of position offered.

Pastor in Charge

5.b. Detailed description of the beneficiary's proposed daily duties.

Same as those in item 3 above.

5.c. Description of the beneficiary's qualifications for position offered.

Education requirement: Master of Divinity

Ordained by the C&MA, Korean District

Member of a C&MA church

5.d. Description of the proposed salaried compensation or non-salaried compensation. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

$2,500 Bi-weekly ($32,500 per year)

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

5.e. List of the address(es) or location(s) where the beneficiary will be working.

1807 9th Avenue SW Olympia, Washington 98502

Petitioner Attestations

Does the petitioner attest to all of the requirements described in Item Numbers 6. - 12. below?

6. The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement.

☒ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129.**

7. The petitioner is willing and able to provide salaried or non-salaried compensation to the beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☒ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129.**

8. If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129.**

Not Applicable.

9. If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129.**

Not Applicable.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

10. The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☒ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

11. The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.

☒ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

12. The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay.

☒ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

Attestation

I certify, under penalty of perjury, that the contents of this attestation and the evidence submitted with it are true and correct.

Name of Petitioner: Song Birck

Title: President / Director

Signature of Petitioner: Songsin Birck

Date (mm/dd/yyyy): 08/06/2016

Employer or Organization Name: Kurios Church of the Christian & Missionary Alliance

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

Employer or Organization Address (do not use a post office or private mail box)

Street Number and Name	Apt. ☐	Ste. ☐	Flr. ☐	Number
1807 9th Ave SW				

City or Town	State	ZIP Code
Olympia	WA	98502

Employer or Organization's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
3607899086		kurios130901@gamil.com

Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination

Religious Denomination Certification

I certify, under penalty of perjury, that:

Name of Employing Organization Kurios Church of the C&MA

is affiliated with:

Name of Religious Denomination Christian and Missionary Alliance (C&MA)

and that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Name of Authorized Representative of Attesting Organization	Title
Rev Han Young Baek	Korean District Superintendent

Signature of Authorized Representative of Attesting Organization	Date (mm/dd/yyyy)
	07/27/2016

Attesting Organization Name and Address (do not use a post office or private mail box)

Attesting Organization Name: Korean District of the C&MA

Street Number and Name	Apt. ☐	Ste. ☐	Flr. ☐	Number
169 Main St				

City or Town	State	ZIP Code
Ridgefield Park	NJ	07660

Attesting Organization's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
2014405700	2014405700	koreancma@gmail.com

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (last name) | Given Name (first name) | Middle Name

Date of birth (mm/dd/yyyy) | Gender ☐ Male ☐ Female | U.S. Social Security Number (if any) ▶ | A-Number (if any) A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (last name) | Given Name (first name) | Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Foreign Address (Complete Address)

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Country of Birth | Country of Citizenship or Nationality

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy) | I-94 Arrival-Departure Record Number | Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) | Date Passport or Travel Document Expires (mm/dd/yyyy) | Country of Issuance for Passport or Travel Document

Current Nonimmigrant Status | Date Status Expires or D/S (mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number (if any) | Employment Authorization Document (EAD) Number (if any)

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (last name) | Given Name (first name) | Middle Name

Date of birth (mm/dd/yyyy) | Gender ☐ Male ☐ Female | U.S. Social Security Number (if any) ▶ | A-Number (if any) A-

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (last name) | Given Name (first name) | Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Foreign Address (Complete Address)

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Country of Birth | Country of Citizenship or Nationality

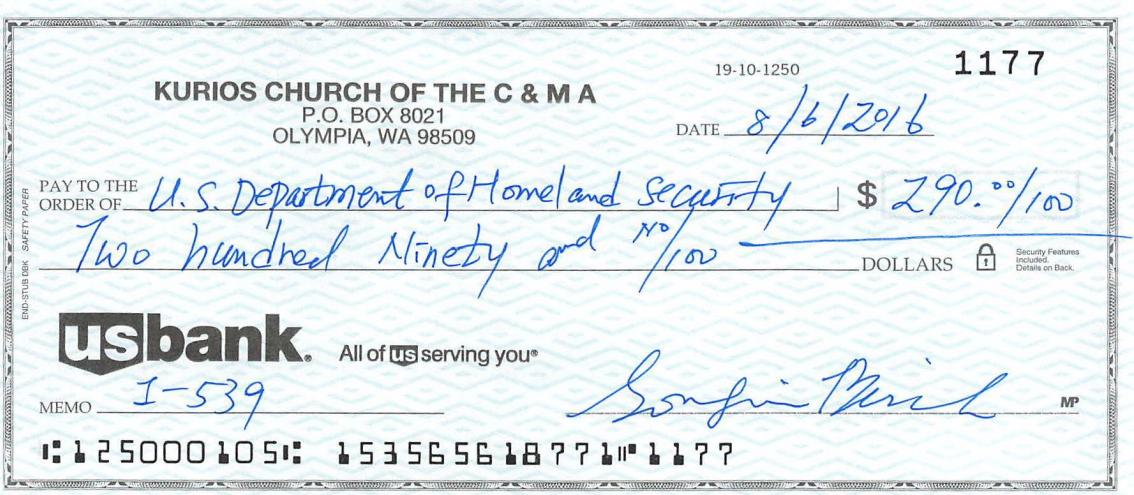
IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy) | I-94 Arrival-Departure Record Number | Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) | Date Passport or Travel Document Expires (mm/dd/yyyy) | Country of Issuance for Passport or Travel Document

Current Nonimmigrant Status | Date Status Expires or D/S (mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number (if any) | Employment Authorization Document (EAD) Number (if any)



1177

19-10-1250

KURIOS CHURCH OF THE C & M A
P.O. BOX 8021
OLYMPIA, WA 98509

DATE 8/6/2016

PAY TO THE ORDER OF U.S. Department of Homeland Security $ 290.00/100

Two hundred Ninety and NO/100 DOLLARS

Security Features Included. Details on Back.

END-STUB BBK SAFETY PAPER

usbank. All of us serving you®

MEMO I-539

MP

⑆125000105⑆ 153565618771⑈1177

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number *(if any)*
   ▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name *(Last Name)*: Frick

2.b. Given Name *(First Name)*: William

2.c. Middle Name:

3.a. Street Number and Name: 719 Second Avenue

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 701

3.c. City or Town: Seattle

3.d. State: WA

3.e. ZIP Code: 98104

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

4. Daytime Telephone Number: 2062860167

5. Fax Number: 2067707215

6. E-Mail Address *(if any)*: william@crossborders.us

7. Mobile Telephone Number *(if any)*: 2067142514

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before *(Select **only one** box)*:

1.a. ☒ USCIS

1.b. List the form numbers: All Matters

2.a. ☐ ICE

2.b. List the specific matter in which appearance is entered:

3.a. ☐ CBP

3.b. List the specific matter in which appearance is entered:

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name *(Last Name)*: Lee

5.b. Given Name *(First Name)*: Dong Jin

5.c. Middle Name:

6. Name of Company or Organization *(if applicable)*:

Part 2. Notice of Appearance as Attorney or Accredited Representative *(continued)*

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number *(if any)*
   ▶
8. Alien Registration Number (A-Number) or Receipt Number
9. Daytime Telephone Number
10. Mobile Telephone Number *(if any)*
11. E-Mail Address *(if any)*

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name: 2010 Ashwood Downs Ln SE

12.b. Apt. ☒ Ste. ☐ Flr. ☐ 121

12.c. City or Town: Olympia

12.d. State: WA **12.e.** ZIP Code: 98501

12.f. Province

12.g. Postal Code

12.h. Country: USA

Part 3. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. *(If you need additional space, use **Part 6.**)*

Licensing Authority: Washington; Pennsylvania

1.b. Bar Number *(if applicable)*: 26648 (WA)

1.c. Name of Law Firm: Law Office of William Frick

1.d. I *(choose one)* ☒ ***am not*** ☐ ***am*** subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. *(If you need additional space, use **Part 6.**)*

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires *(mm/dd/yyyy)* ▶

Part 3. Eligibility Information for Attorney or Accredited Representative *(continued)*

3. ☐ I am associated with

[ ],

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c.** in **Part 3.** *(whichever is appropriate).*

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. ☐ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

➡ [ ]

3.b. Date of Signature *(mm/dd/yyyy)*► 08/06/2016

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney ~~or Accredited~~ Representative

[ ]

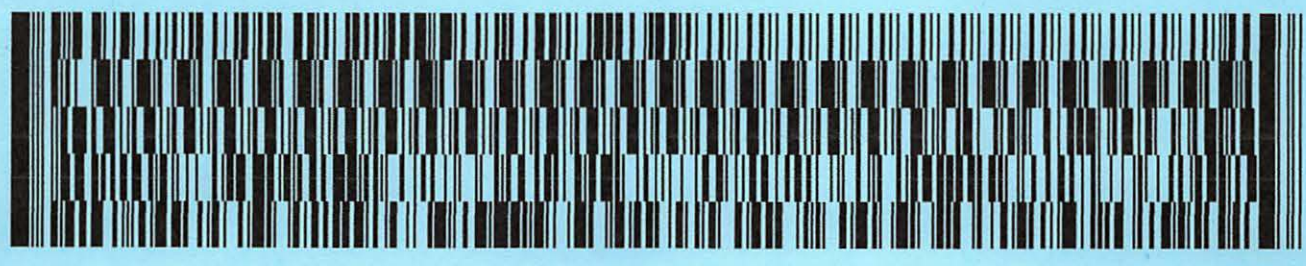
2. Signature of Law Student or Law Graduate

[ ]

3. Date of Signature *(mm/dd/yyyy)*► 08/06/2016

Part 6. Additional Information

Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539
OMB No. 1615-0003
Expires 04/30/2018

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		

Remarks:	☐ Granted	☐ Denied
	New Class _____	☐ Still within period of stay
	Dates: From __/__/____	☐ S/D to: _____
	Dates: To __/__/____	☐ Place under docket control
		☐ Applicant interviewed on _____

To Be Completed by an *Attorney or Accredited Representative*, if any.

☐ Select this box if G-28 is attached to represent the applicant.

Attorney State License Number: _____

Part 1. Information About You

1. Alien Registration Number (A-Number) ▶ A- [ ]
2. USCIS ELIS Account Number (if any) ▶ [ ]
3.a. Family Name *(Last Name)* [LEE]
3.b. Given Name *(First Name)* [DONG JIN]
3.c. Middle Name [ ]

Mailing Address

4.a. In Care Of Name [ ]
4.b. Street Number and Name [2010 Ashwood Downs Ln SE]
4.c. Apt. ☒ Ste. ☐ Flr. ☐ [121]
4.d. City or Town [Olympia]
4.e. State [WA] 4.f. ZIP Code [98501]

Physical Address

5.a. Street Number and Name [2010 Ashwood Downs Ln SE]
5.b. Apt. ☒ Ste. ☐ Flr. ☐ [121]
5.c. City or Town [Olympia]
5.d. State [WA] 5.e. ZIP Code [98501]

Other Information

6. Country of Birth [KOREA]
7. Country of Citizenship or Nationality [REPUBLIC OF KOREA]
8. Date of Birth *(mm/dd/yyyy)* ▶ [07/16/1959]
9. U.S. Social Security Number *(if any)* ▶ [0 3 1 9 6 7 8 7 5]
10. Date of Last Arrival Into the United States *(mm/dd/yyyy)* ▶ [08/30/2011]

Provide information about your most recent Form I-94

11.a. I-94 Arrival-Departure Record Number ▶ [3 8 1 3 8 6 8 5 9 2 6]
11.b. Passport Number [M73213028]
11.c. Travel Document Number [ ]
11.d. Country of Issuance for Passport or Travel Document [REPUBLIC OF KOREA]
11.e. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶ [06/03/2020]
12.a. Current Nonimmigrant Status [F-1 Visa]
12.b. Expiration Date *(mm/dd/yyyy)* ▶ [08/03/2016]
12.c. ☐ Check this box if you were granted Duration of Status (D/S).

Part 2. Application Type *(See instructions for fee)*

I am applying for: *(Select one)*

1. ☐ An extension of stay in my current status.

2.a. ☒ A change of status. The new status and effective date of change. *(mm/dd/yyyy)* ▶

2.b. The change of status I am requesting is:
R1 - RELIGIOUS OCCUPATION

3. ☐ Reinstatement to student status.

Number of people included in this application: *(Select one)*

4. ☐ I am the only applicant.

5.a. ☒ Members of my family are filing this application with me.

5.b. The total number of people (including me) in the application is: *(Complete the supplement for each co-applicant.)*
5

Part 3. Processing Information

1.a. I/We request that my/our current or requested status be extended until *(mm/dd/yyyy)* ▶

1.b. ☐ Check this box if you were granted, or are seeking, Duration of Status (D/S).

2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent?
☐ Yes ☒ No

2.b. If "Yes," provide USCIS Receipt Number.
▶

3.a. Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?
☒ Yes, filed with this I-539. ☐ No
☐ Yes, filed previously and pending with USCIS.

3.b. If pending with USCIS, provide USCIS Receipt Number
▶

If the petition or application is pending with USCIS, also give the following data:

3.c. First and last name of petitioner or applicant

Office where petition or application filed:

3.d. City or Town

3.e. State

3.f. Date Filed *(mm/dd/yyyy)* ▶

Part 4. Additional Information

If you are the Principal Applicant, provide your current Passport information:

1.a. Country of Issuance for Passport
Republic of Korea

1.b. Expiration Date for Passport *(mm/dd/yyyy)* ▶ 06/03/2020

Foreign Home Address

2.a. Street Number and Name: 913 3 Gusan dong Ilsanse

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town: Goyang si

2.d. Province: Gyeonggi do

2.e. Postal Code

2.f. Country: Korea

Answer the following questions. If you answer "Yes" to any question, describe the circumstances in detail and explain on a separate sheet of paper.

3. Are you, or any other person included on the application, an applicant for an immigrant visa? ☐ Yes ☒ No

4. Has an immigrant petition EVER been filed for you or for any other person included in this application? ☐ Yes ☒ No

5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, EVER been filed by you or by any other person included in this application? ☐ Yes ☒ No

6. Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☒ No

Have you, or any other person included on the application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7. Acts involving torture or genocide? ☐ Yes ☒ No

8. Killing any person? ☐ Yes ☒ No

9. Intentionally and severely injuring any person? ☐ Yes ☒ No

10. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☒ No

11. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

Part 4. Additional Information *(continued)*

12. Have you, or any other person included on the application, EVER served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? ☐ Yes ☒ No

13. Have you, or any other person included in this application, EVER served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

14. Have you, or any other person included in this application, EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

15. Have you, or any other person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who to your knowledge, used them against another person? ☐ Yes ☒ No

16. Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

17. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? ☐ Yes ☒ No

18. Are you, or any other person included in this application, now in removal proceedings? ☐ Yes ☒ No

If "Yes," provide the following information concerning the removal proceedings in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

19. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? ☒ Yes ☐ No

If "No," fully describe how you are supporting yourself in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include documentary evidence of the source, amount, and basis for any income.

If "Yes," fully describe the employment in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

20. Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? ☐ Yes ☒ No

If "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 4. Additional Information for Answers to Item Numbers 18., 19. and 20.**

Part 5. Applicant's Statement, Contact Information, Certification and Signature

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to every question.

1.b. ☒ The interpreter named in **Part 6.** has also read to me every question and instruction on this form, as well as my answer to every question, in Song Birck, a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. ☐ I have requested the services of and consented to _____, who is ☐ is not ☐ an attorney or accredited representative, preparing this form for me.

Applicant's Certification

I certify, under penalty of perjury, that the information in my form and any document submitted with my form is true and correct. Copies of any documents I have submitted are exact photocopies of unaltered original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

3.a. Applicant's Signature

3.b. Date of Signature *(mm/dd/yyyy)* ▶ 08/06/2016

Part 5. Applicant's Statement, Contact Information, Certification and Signature *(continued)*

Applicant's Contact Information

4. Applicant's Daytime Telephone Number
(360) 628-0910

5. Applicant's Mobile Telephone Number
(360) 628-0910

6. Applicant's E-mail Address
djl07166@hotmail.com

Part 6. Contact Information, Statement, Certification, and Signature of the Interpreter

Interpreter's Full Name

Provide the following information concerning the interpreter:

1.a. Interpreter's Family Name *(Last Name)*
Birck

1.b. Interpreter's Given Name *(First Name)*
Song

2. Interpreter's Business or Organization Name *(if any)*

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 8021

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town: Olympia

3.d. State: WA 3.e. ZIP Code: 98509

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
(360) 628-0910

5. Interpreter's E-mail Address
kurios130901@gmail.com

Interpreter Certification

I certify that:

I am fluent in English and Korean, which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language provided in **Part 5., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the applicant verified the accuracy of every answer..

6.a. Interpreter's Signature
Song Birck

6.b. Date of Signature *(mm/dd/yyyy)* ▶ 08/06/2016

Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name *(Last Name)*
Frick

1.b. Preparer's Given Name *(First Name)*
William

2. Preparer's Business or Organization Name
Law Office of William Frick

Preparer's Mailing Address

3.a. Street Number and Name: 719 Second Avenue

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 701

3.c. City or Town: Seattle

3.d. State: WA 3.e. ZIP Code: 98104

3.f. Province

3.g. Postal Code

3.h. Country
USA

Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other than the Applicant *(continued)*

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

(206) 286-0167

5. Preparer's Fax Number

(206) 770-7215

6. Preparer's E-mail Address

william@crossborders.us

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case *(choose one)* extends ☒ does not extend ☐ beyond the preparation of this form.

Preparer's Certification

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed this form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the form. If the applicant supplied additional information concerning a question on the form, I recorded it on the form.

8.a. Preparer's Signature

William Frick

8.b. Date of Signature *(mm/dd/yyyy)* ▶ 08/06/2016

Part 4. *(continued)* Additional Information for Answers to Item Numbers 18., 19., and 20.

If you answered "Yes" to Item Number 18. in Part 4. of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

1.

If you answered "No" to Item Number 19. in Part 4. of this form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income.

2.

If you answered "Yes" to Item Number 19. in Part 4. of this form, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

3. Person employed: Dong Jin Lee
Employer: Kurios Church, 1807 9th Ave SW Olympia WA 98502
$500.00 per week (gross)
Yes, it was authorized by USCIS under the OPT program starting on 14 Nov 2015.

If you answered "Yes" to Item Number 20. in Part 4. of this form, list the name and dates of the person or persons who maintained status as a J-1 exchange visitor or J-2 dependent.

4.

Supplement A. Attach to Form I-539 when more than one person is included in this application. *(List each person separately. Do not include the person named in Form I-539.)*

Person One

1.a. Family Name *(Last Name)*: Kang

1.b. Given Name *(First Name)*: Kyung Sook

1.c. Middle Name:

1.d. Date of Birth *(mm/dd/yyyy)* ▶: 07/07/1962

1.e. Country of Birth: Republic of Korea

1.f. Country of Citizenship or Nationality: Republic of Korea

1.g. U.S. Social Security Number *(if any)* ▶:

1.h. Alien Registration Number (A-Number) ▶ A-:

1.i. Date of Arrival *(mm/dd/yyyy)* ▶: 08/30/2011

1.j. I-94 Arrival/Departure Record Number ▶: 3 8 1 3 8 6 8 6 8 2 6

1.k. Passport Number: M74689818

1.l. Travel Document Number:

1.m. Country of Issuance for Passport or Travel Document: Republic of Korea

1.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶: 06/03/2020

1.o. Current Nonimmigrant Status: F-2 Visa

1.p. Expiration Date *(mm/dd/yyyy)* ▶: 08/03/2016

Person Two

2.a. Family Name *(Last Name)*: Lee

2.b. Given Name *(First Name)*: Hanbich

2.c. Middle Name:

2.d. Date of Birth *(mm/dd/yyyy)* ▶: 12/04/1999

2.e. Country of Birth: Republic of Korea

2.f. Country of Citizenship or Nationality: Republic of Korea

2.g. U.S. Social Security Number *(if any)* ▶: 7 8 2 9 8 2 5 3 4

2.h. Alien Registration Number (A-Number) ▶ A-:

2.i. Date of Arrival *(mm/dd/yyyy)* ▶: 08/30/2011

2.j. I-94 Arrival/Departure Record Number ▶: 3 8 1 3 8 6 8 9 5 2 6

2.k. Passport Number: M58817937

2.l. Travel Document Number:

2.m. Country of Issuance for Passport or Travel Document: Republic of Korea

2.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶: 08/12/2019

2.o. Current Nonimmigrant Status: F-2 Visa

2.p. Expiration Date *(mm/dd/yyyy)* ▶: 08/03/2016

Supplement A. Attach to Form I-539 when more than one person is included in this application. *(List each person separately. Do not include the person named in Form I-539.) (continued)*

Person Three

3.a. Family Name *(Last Name)*: Lee

3.b. Given Name *(First Name)*: Haneol

3.c. Middle Name:

3.d. Date of Birth *(mm/dd/yyyy)* ▶: 07/01/2002

3.e. Country of Birth: Republic of Korea

3.f. Country of Citizenship or Nationality: Republic of Korea

3.g. U.S. Social Security Number *(if any)* ▶: 7 4 5 5 4 3 5 9 5

3.h. Alien Registration Number (A-Number) ▶ A-:

3.i. Date of Arrival *(mm/dd/yyyy)* ▶: 08/30/2011

3.j. I-94 Arrival/Departure Record Number ▶: 3 8 1 3 8 6 8 8 6 2 6

3.k. Passport Number: M61741085

3.l. Travel Document Number:

3.m. Country of Issuance for Passport or Travel Document: Republic of Korea

3.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶: 08/12/2019

3.o. Current Nonimmigrant Status: F-2 Visa

3.p. Expiration Date *(mm/dd/yyyy)* ▶: 08/03/2016

Person Four

4.a. Family Name *(Last Name)*: Lee

4.b. Given Name *(First Name)*: Hangil

4.c. Middle Name:

4.d. Date of Birth *(mm/dd/yyyy)* ▶: 02/05/2004

4.e. Country of Birth: Republic of Korea

4.f. Country of Citizenship or Nationality: Republic of Korea

4.g. U.S. Social Security Number *(if any)* ▶: 8 8 3 4 1 9 0 2 4

4.h. Alien Registration Number (A-Number) ▶ A-:

4.i. Date of Arrival *(mm/dd/yyyy)* ▶: 08/30/2011

4.j. I-94 Arrival/Departure Record Number ▶: 3 8 1 3 8 6 8 7 7 2 6

4.k. Passport Number: M88857277

4.l. Travel Document Number:

4.m. Country of Issuance for Passport or Travel Document: Republic of Korea

4.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶: 08/12/2019

4.o. Current Nonimmigrant Status: F-2 Visa

4.p. Expiration Date *(mm/dd/yyyy)* ▶: 08/03/2016

Supplement A. Attach to Form I-539 when more than one person is included in this application. *(List each person separately. Do not include the person named in Form I-539.) (continued)*

Person Five

5.a. Family Name *(Last Name)*

5.b. Given Name *(First Name)*

5.c. Middle Name

5.d. Date of Birth *(mm/dd/yyyy)* ▶

5.e. Country of Birth

5.f. Country of Citizenship or Nationality

5.g. U.S. Social Security Number *(if any)* ▶

5.h. Alien Registration Number (A-Number) ▶ A-

5.i. Date of Arrival *(mm/dd/yyyy)* ▶

5.j. I-94 Arrival/Departure Record Number ▶

5.k. Passport Number

5.l. Travel Document Number

5.m. Country of Issuance for Passport or Travel Document

5.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶

5.o. Current Nonimmigrant Status

5.p. Expiration Date *(mm/dd/yyyy)* ▶

Person Six

6.a. Family Name *(Last Name)*

6.b. Given Name *(First Name)*

6.c. Middle Name

6.d. Date of Birth *(mm/dd/yyyy)* ▶

6.e. Country of Birth

6.f. Country of Citizenship or Nationality

6.g. U.S. Social Security Number *(if any)* ▶

6.h. Alien Registration Number (A-Number) ▶ A-

6.i. Date of Arrival *(mm/dd/yyyy)* ▶

6.j. I-94 Arrival/Departure Record Number ▶

6.k. Passport Number

6.l. Travel Document Number

6.m. Country of Issuance for Passport or Travel Document

6.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶

6.o. Current Nonimmigrant Status

6.p. Expiration Date *(mm/dd/yyyy)* ▶

Dong Jin Lee

Passports – Lee Family

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

AUG 30 2011

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SEOUL

Control Number
20112162600001

Surname
LEE

Given Name
DONG JIN

Visa Type /Class
R F1

Passport Number
M73213028

Sex
M

Birth Date
16JUL1959

Nationality
KOR

Entries
M

Issue Date
05AUG2011

Expiration Date
03AUG2016

1010

Annotation

E3329472

**

N0008514637
FAITH EVANGELICAL SEMINARY

VNUSALEE<<DONG<JIN<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M732130282KOR5907160M1608034F1SE01J6KQ221830

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer

대 한 민 국 REPUBLIC OF KOREA

어 권 PASSPORT

종류/ Type
PM

발행 국/ Issuing country
KOR

여권번호/ Passport No
M73213028

성/ Surname
LEE

이름/ Given names
DONG JIN

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
16 JUL 1959

주민등록번호/ Personal No
1046817

성별/ Sex
M

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2020

한글성명
이동진

PMKORLEE<<DONG<JIN<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M732130282KOR5907160M2006039104681 7V10522600

사 증
VISAS

사 증
VISAS

REPUBLIC of KOREA
대한민국
IMMIGRATION
ADMITTED
2010 AUG 10
UNTIL
INCHEON AIRPORT 374

REPUBLIC of KOREA
대한민국
IMMIGRATION
2010. AUG 07

KOREA IMMIGRATION
대한민국
DEPARTED
2011 AUG 30
INCHEON AIRPORT
REPUBLIC OF KOREA

M73213028

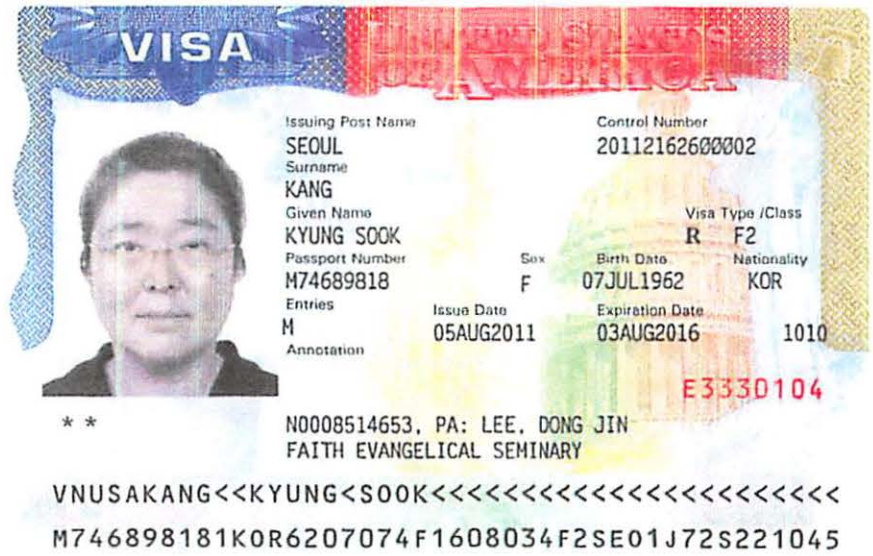
추가기재
AMENDMENTS AND ENDORSEMENTS

추가기재
AMENDMENTS AND ENDORSEMENTS

M7321902B

ASIANA AIRLINES

7



이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer

대 한 민 국 REPUBLIC OF KOREA

여 권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M74689818

성/ Surname
KANG (wife of LEE)

이름/ Given names
KYUNG SOOK

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
07 JUL 1962

주민등록번호/ Personal No
2254012

성별/ Sex
F

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2020

한글성명
강경숙

PMKORKANG<<KYUNG<SOOK<<<<<<<<<<<<<<<<<<<<<<<<
M746898181KOR6207074F2006039225401 2V19122620

사 증
VISAS

사 증
VISAS

사 증
VISAS

사 증
VISAS

CBP Form I-94 Korean (05/08)

18. 성
LEE
19. 이름
HANBICH
20. 생년월일 (일/월/년)
04/12/1999
21. 국적
KOR

92 3813B6895 26

AUG 30 2011
SEA
ADMITTED
Class F2
Until D/S
4309
DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
OE

출국 기록
여수 번호

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

VISA

Issuing Post Name
SEOUL
Control Number
20112162600004
Surname
LEE
Given Name
HANBICH
Visa Type /Class
R F2
Passport Number
M74261192
Sex
M
Birth Date
04DEC1999
Nationality
KOR
Entries
M
Issue Date
05AUG2011
Expiration Date
03AUG2016
0110
Annotation
E3329475
*
N0008514657, PA : LEE, DONG JIN
FAITH EVANGELICAL SEMINARY

VNUSALEE<<HANBICH<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
M742611928KOR9912049M1608034F2SE01J6KT862217

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer 이한빛

대 한 민 국 REPUBLIC OF KOREA

어 권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No.
M74261192

성/ Surname
LEE

이름/ Given names
HANBICH

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
04 DEC 1999

주민등록번호/ Personal No.
1148813

성별/ Sex
M

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2015

한글성명
이한빛

PMKORLEE<<HANBICH<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M742611928KOR9912049M1506037114881 3V11165144

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer

대 한 민 국 REPUBLIC OF KOREA

여 권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M58817937

성/ Surname
LEE

이름/ Given names
HANBICH

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
04 DEC 1999

주민등록번호/ Personal No
1148813

성별/ Sex
M

발급일/ Date of issue
12 AUG 2014

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS

기간만료일/ Date of expiry
12 AUG 2019

한글성명
이한빛

PMKORLEE<<HANBICH<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M588179372KOR9912049M1908125114881 3V10165750

사 증
VISAS

사 증
VISAS

M74261192

사 증
VISAS

사 증
VISAS

M74261192

CBP Form I-94 Korean (05/08)

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

ADMITTED SEA
AUG 30 2011
DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
Class Cls

VISA

Issuing Post Name
SEOUL

Control Number
20112162600003

Surname
LEE

Given Name
HANEOL

Visa Type /Class
R F2

Passport Number
M78795392

Sex
M

Birth Date
01JUL2002

Nationality
KOR

Entries
M

Issue Date
05AUG2011

Expiration Date
03AUG2016

0110

Annotation

E3329476

*

N0008514661, PA: LEE, DONG JIN
FAITH EVANGELICAL SEMINARY

VNUSALEE<<HANEOL<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M787953924KOR0207016M1608034F2SE01J6KU852329

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 열람하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명

Signature of bearer 이한얼

대 한 민 국 REPUBLIC OF KOREA

여권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M78795392

성/ Surname
LEE

이름/ Given names
HANEOL

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
01 JUL 2002

주민등록번호/ Personal No
3148814

성별/ Sex
M

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2015

한글성명
이한얼

PMKORLEE<<HANEOL<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M787953924KOR0207018M1506053148814V11728108

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 사항을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer 이한얼

대 한 민 국 REPUBLIC OF KOREA

여 권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M61741085

성/ Surname
LEE

이름/ Given names
HANEOL

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
01 JUL 2002

주민등록번호/ Personal No
3148814

성별/ Sex
M

발급일/ Date of issue
12 AUG 2014

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS

기간만료일/ Date of expiry
12 AUG 2019

한글성명
이한얼

PMKORLEE<<HANEOL<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M617410854KOR0207016M1908125314881 4V13728724

사 증
VISAS

사 증
VISAS

KOREA
2010. AUG 07
DEPARTED
INCHEON AIRPORT

REPUBLIC OF KOREA
IMMIGRATION
ADMITTED
UNTIL
INCHEON AIRPORT 574

M78735392

사 증
VISAS

사 증
VISAS

M78795392

CBP Form I-94 Korean (05/05)

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Issuing Post Name
SEOUL

Control Number
20112162600005

Surname
LEE

Given Name
HANGIL

Visa Type /Class
R F2

Passport Number
M78783268

Sex
M

Birth Date
05FEB2004

Nationality
KOR

Entries
M

Issue Date
05AUG2011

Expiration Date
03AUG2016

0111

Annotation

E3329474

*

N0008514666, PA : LEE, DONG JIN
FAITH EVANGELICAL SEMINARY

VNUSALEE<<HANGIL<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M787832689KOR0402051M1608034F2SE01J6KS252383

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer 이 한 길

대 한 민 국 REPUBLIC OF KOREA

여 권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M78783268

성/ Surname
LEE

이름/ Given names
HANGIL

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
05 FEB 2004

주민등록번호/ Personal No
3152025

성별/ Sex
M

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2015

한글성명
이한길

PMKORLEE<<HANGIL<<<<<<<<<<<<<<<<<<<<<<<<

M787832689KOR0402051M1506037315202 5V14574158

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명

Signature of bearer Paul Lee

대 한 민 국 REPUBLIC OF KOREA

여권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No
M88857277

성/ Surname
LEE

이름/ Given names
HANGIL

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
05 FEB 2004

주민등록번호/ Personal No
3152025

성별/ Sex
M

발급일/ Date of issue
12 AUG 2014

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS

기간만료일/ Date of expiry
12 AUG 2019

한글성명
이한길

PMKORLEE<<HANGIL<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M888572776KOR0402051M1908125315202 5V14574732

사 증
VISAS

사 증
VISAS

M78783268

사 증
VISAS

사 증
VISAS

사 증
VISAS

사 증
VISAS

M78783288

Kurios Church of the Christian & Missionary Alliance

Resume – Dong Jin Lee

DONG JIN LEE

2010 Ashwood Downs Lane, Apt C-121, Olympia WA 98501
Phone (360) 628-0910 / E-mail: djl07166@hotmail.com

Objective:

To serve God by working as a pastor for a Christian and Missionary Alliance (C & MA) Korean church in Washington areas.

Education:

Korean District of C&MA (KDC&MA), Ridgefield NJ

- Nov. 2014 – Oct. 2015
- MSP (Ministerial Study Program): Required course for ordination

Faith Evangelical Seminary, Tacoma WA

- Sep. 2013 – Nov. 2015
- Major/Degree: Master of Divinity (MDiv)

Faith Evangelical Seminary, Tacoma WA

- Sep. 2011 – Jun. 2013
- Major / Degree: Master of Arts in Theological Studies (MATS)

Inha University, Incheon, South Korea

- Mar. 1980 – Feb. 1987
- Major / Degree: Bachelor of Arts in Law

Yongsan High School, Seoul, South Korea

- Mar. 1975 – Feb. 1978
- High school diploma

Experiences:

Kurios Church of the Christian and Missionary Alliance (C & MA)

- Nov. 2015 – Current
- Worked as a full time ordained minister.
- Independently performed the following duties:
  - Preached and taught the Word of God (gospel) – at a minimum, Sunday worship services and Wednesday Bible study.
  - Prayed daily for the church ministry and members.
  - Conducted comprehensive research and analyses in preparation of Sunday and Wednesday sermons, and various bible studies and training.
  - Prepared course material for and provided various classes and training to enhance spiritual growth of members on an individual or group basis.

- Provided counseling and spiritual supports for church members as needed to include conflicts between spiritual and secular life, and family and marital difficulties.
- Performed various ceremonies such as funeral and wedding for church members when requested.
- Reached out to local Korean communities and other ethic immigrants to preach the gospel.
- Attended monthly meetings of ministers within the Northwest Regional Alliance of KDC&MA.
- Attended the annual conference and continuing education seminar hosted by KDC&MA.
- Maintained oversight on the overall administration and management of church matters and members' relationship in coordination with the board of directors and church officers.

Kurios Church of the Christian and Missionary Alliance (C & MA)

- Jun. 2013 - Oct. 2015
- Worked as a part time pastor for 20 hours per week.
- Under the supervision of a designated mentor who is an ordained minister from the Korean District of the C & MA, performed the following duties:
  - Preached and taught the Word of God - at a minimum, Sunday worship services and Wednesday Bible study.
  - Provided counseling for church members as needed.
  - Performed other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

Self employed for providing legal services, Incheon, South Korea

- Jan. 1997 - Aug. 2011
- Provided various legal services, except for representing a client in the court, to include consulting, preparing and submitting legal documents.

Christian Mission Korean Centenary Church, Seoul Korea

- 2006 - 2008
- Served as a small group leader for Bible study involving about 10 families.

License/Certificate:

Ordained Official Worker License issued by KDC&MA: Jan. 1 - Dec. 31, 2016
Certificate of Ordained Minister issued by KDC&MA: Dec. 27, 2015
Provisional Official Worker License issued by KDC&MA: Jan. 1, 2014 - Dec. 31, 2015

Dong Jin Lee

Family Relationship Certificate

Certificate of Family Relationship

[Seattle Republic of Korea Consulate General]

Registration Criteria	Seoul Special City, Jung-gu, Taepyeongno 2-ga, 158

Classification	Name	Date of Birth	Registration Number	Sex	Family Origin
Self	Dong Jin Lee	7/16/1958	590716-1046817	Male	Yeoju

Family Memebers

Classification	Name	Date of Birth	Registration Number	Sex	Family Origin
Father	Yong Jei Lee	3/17/1933	330317-1******	Male	Yeoju
Mother	Yeong Ock Lee	11/28/1938	381128-2******	Female	Geongju
Spouse	Kyung Sook Kang	7/7/1962	620707-2******	Female	Jinju
Son	Hanbich Lee	12/4/1999	991204-1******	Male	Yeoju
Son	Haneol Lee	7/1/2002	020701-3******	Male	Yeoju
Son	Hangil Lee	2/5/2004	040205-3******	Male	Yeoju

I certify that the above certificate of family relationship is identical to the records in the family relation register.

June 8, 2016

SEAL

The Office of Court Administration, the Office of Foreign National Family Registration, Registrar of Family Relations, Chang Woo Lee

SEAL

Time of the electronic document: 16 hrs 29 min

Issuer: Son Hyang Kim

Telephone: 02-590-1785

Requester: Dong Jin Lee

This certificate was generated by the certified electronic mail system.

Date: June 8, 2016

Seattle Republic of Korea Consul General

SEAL

Receipt
$1.50
Seattle RoK
Consulate
General

I certify that the attached document (Certificate of Family Relationship) is a complete and accurate translation from Korean to English and that I am competent to translate from Korean to English.

Name/Signature Date

Song M. Birck, CPA, CIA Song M. Birck 6/19/2016

Address

2847 Jorgenson Rd. NE Olympia, WA 98516

가 족 관 계 증 명 서

[주시애틀대한민국총영사관]

등록기준지	서울특별시 중구 태평로2가 158번지

구분	성 명	출생연월일	주민등록번호	성별	본
본인	이동진(李東璡)	1959년 07월 16일	590716-1046817	남	麗州

가족사항

구분	성 명	출생연월일	주민등록번호	성별	본
부	이용제(李龍済) 사망	1933년 03월 17일	330317-1******	남	麗州
모	이영옥(李榮玉)	1938년 11월 28일	381128-2******	여	慶州
배우자	강경숙(姜瓊淑)	1962년 07월 07일	620707-2******	여	晋州
자녀	이한빛(李)	1999년 12월 04일	991204-1******	남	麗州
자녀	이한얼(李)	2002년 07월 01일	020701-3******	남	麗州
자녀	이한길(李)	2004년 02월 05일	040205-3******	남	麗州

위 가족관계증명서는 가족관계등록부의 기록사항과 틀림없음을 증명합니다.

2016년 06월 08일

법원행정처 재외국민 가족관계등록사무소 가족관계등록관 이창우

전자문서생성시각 : 16시 29분
발급담당자 : 김선향
☎ : 02-590-1785
신청인 : 이동진

영수필
$ 1.50
주시애틀총영사관

이 증명서(제작 등 조회)는 공인전자우편 방식으로 작성되었습니다.
서기 2016 년 6 월 8 일
주시애틀총영사 직인

Dong Jin Lee

F-1 Student Visa Documents

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0008514637

SURNAME/PRIMARY NAME Lee	**GIVEN NAME** Dong Jin	**CLASS** **F-1**
PREFERRED NAME Dong Jin Lee	**PASSPORT NAME**	
COUNTRY OF BIRTH SOUTH KOREA	**COUNTRY OF CITIZENSHIP** SOUTH KOREA	
DATE OF BIRTH 16 JULY 1959	**ADMISSION NUMBER** 77480927430	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	**LEGACY NAME** Dong Jin Lee	**ACADEMIC AND LANGUAGE**

SCHOOL INFORMATION

SCHOOL NAME Faith Evangelical College & Seminary Faith Evangelical College & Seminary	**SCHOOL ADDRESS** 3504 North Pearl Street, Tacoma, WA 98407
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kyu Hyun Lee Vice-President of International Affairs	**SCHOOL CODE AND APPROVAL DATE** SEA214F00368000 28 MARCH 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Divinity/Ministry 39.0602	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 48 Months	**PROGRAM ENGLISH PROFICIENCY** Not Required	**ENGLISH PROFICIENCY NOTES** The entire program will be taught by
PROGRAM START DATE 03 SEPTEMBER 2013	**PROGRAM END DATE** 13 NOVEMBER 2015	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR: 9 MONTHS**	
Tuition and Fees	$ 6,000	Personal Funds	$ 21,000
Living Expenses	$ 10,000	Funds From This School	$
Expenses of Dependents (4)	$ 8,000	Family sponsor	$ 10,000
books & fees	$ 500	On-Campus Employment	$
TOTAL	$ 24,500	**TOTAL**	$ 31,000

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Lee Kyu Hyun	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Kyu Hyun Lee, Vice-President of International Affairs	22 March 2016	Tacoma,WA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X			
SIGNATURE OF: Dong Jin Lee		**DATE**	
	X		
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0008514637 (F-1) **NAME: Dong Jin Lee**

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	14 NOVEMBER 2015	13 NOVEMBER 2016

EMPLOYER INFORMATION

TYPE		AUTHORIZATION DATES	
POST-COMPLETION OPT		14 NOVEMBER 2015 - 13 NOVEMBER 2016	
EMPLOYER NAME	**START DATE**	**END DATE**	**CITY & STATE**
Kurios Church of the Christian & Mi	14 NOVEMBER 2015	13 NOVEMBER 2016	Olympia, WA

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

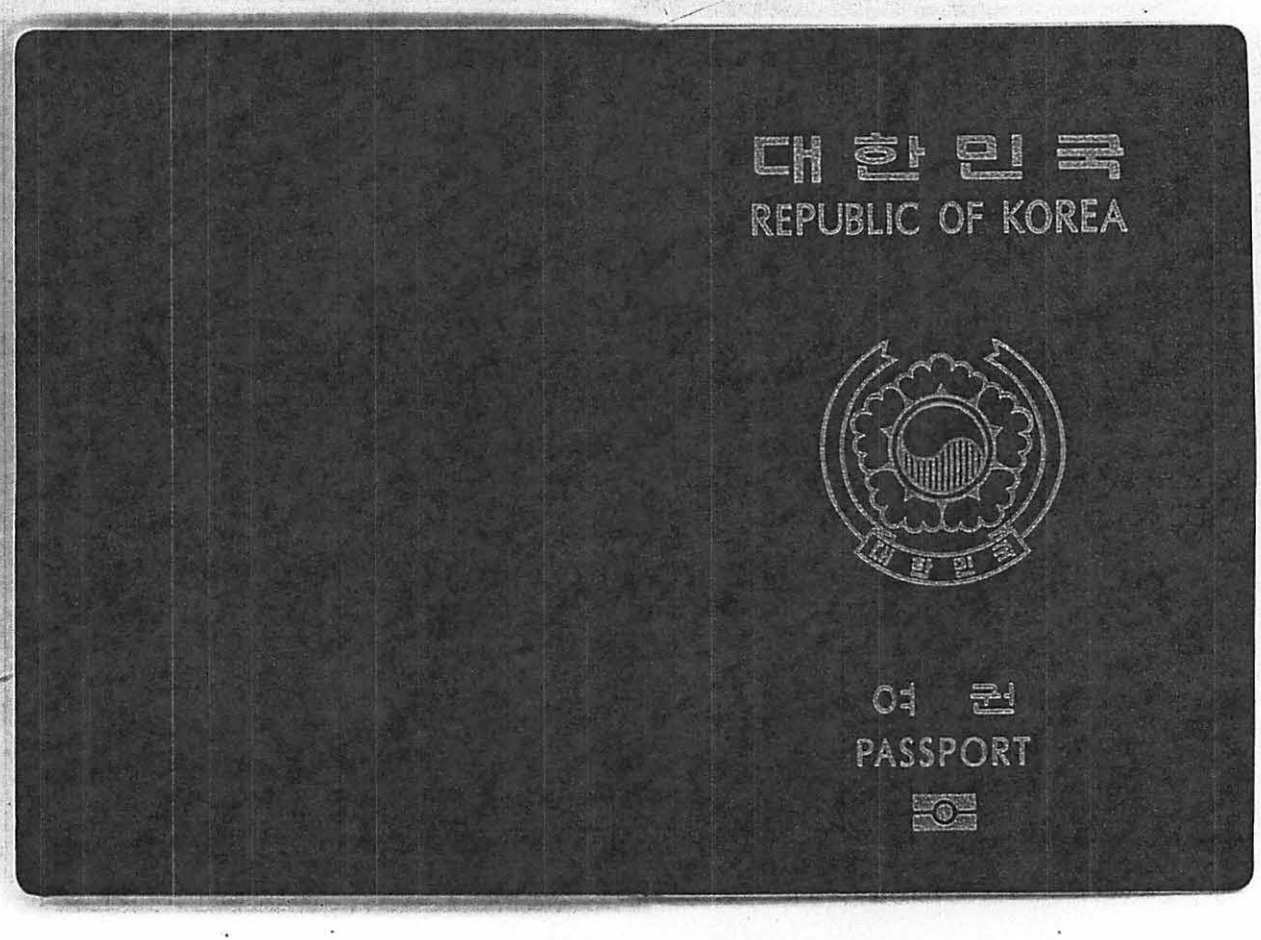
ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

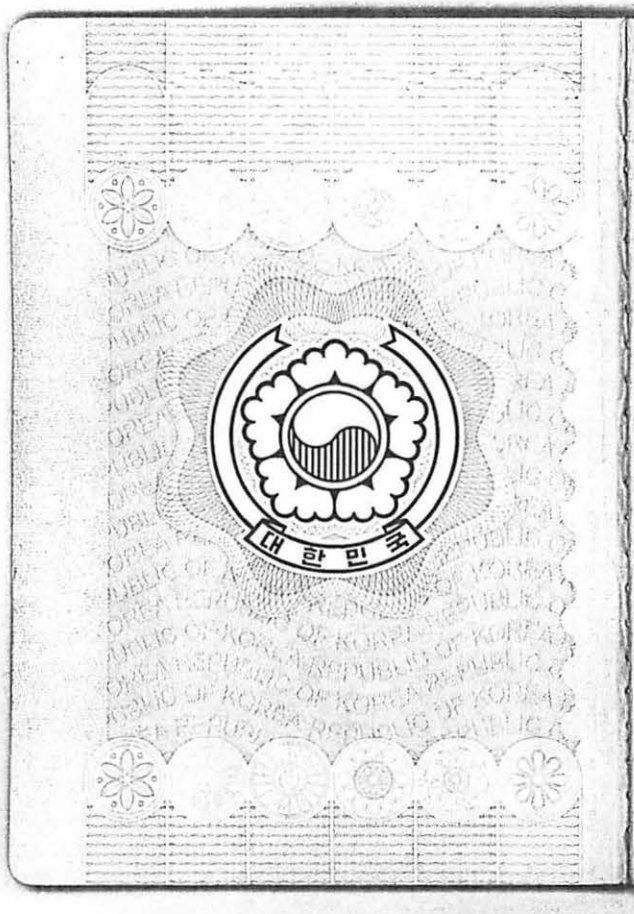
RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

THIS PAGE INTENTIONALLY LEFT BLANK


대한민국
REPUBLIC OF KOREA
여 권
PASSPORT



대한민국 국민인 이 여권소지인이 아무 지장 없이 통행할 수 있도록 하여 주시고 필요한 모든 편의 및 보호를 베풀어 주실 것을 관계자 여러분께 요청합니다.

대한민국 외교통상부

The Minister of Foreign Affairs and Trade of the Republic of Korea hereby requests all those whom it may concern to permit the bearer, a national of the Republic of Korea, to pass freely without delay or hindrance and, in case of need, to afford him(her) every possible assistance and protection.

이 여권은 별도의 기재가 없는 한 모든 국가에서 유효함.	*This passport is valid for all countries unless otherwise endorsed.*

귀하의 안전을 위하여 해외여행 전에는 반드시 외교통상부 해외안전여행 홈페이지(http://www.0404.go.kr)를 방문하시기 바랍니다. 여행 목적지가 여행경보지역인 경우에는 해당되는 지침을 준수하시기 바랍니다.

소지인의 서명
Signature of bearer

이동진

대 한 민 국 REPUBLIC OF KOREA

대한민국 REPUBLIC OF KOREA 대한민국 REPUBLIC OF KOREA 대한민국 REPUBLIC OF KOREA 대한민국 REPUBLIC OF KOREA 대한민국 REPUBLIC

여권 PASSPORT

종류/ Type
PM

발행국/ Issuing country
KOR

여권번호/ Passport No.
M73213028

성/ Surname
LEE

이름/ Given names
DONG JIN

국적/ Nationality
REPUBLIC OF KOREA

생년월일/ Date of birth
16 JUL 1959

주민등록번호/ Personal No.
1046817

성별/ Sex
M

발급일/ Date of issue
03 JUN 2010

발행관청/ Authority
MINISTRY OF FOREIGN AFFAIRS AND TRADE

기간만료일/ Date of expiry
03 JUN 2020

한글성명
이동진

PMKORLEE<<DONG<JIN<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M732130282KOR5907160M2006039104681 7V10522600

유의사항

여권 소지 등 일반 사항

1. 여권은 국적 및 신분에 관한 증명서이므로 반드시 본인(또는 법정대리인)이 소지하여야 합니다. 타인에게 양도·대여하거나 담보로 제공하는 경우에는 여권법에 따라 처벌받을 수 있습니다.

2. 여권을 교부받는 즉시 여권 내 서명란에 서명하고 연락처를 기재하시기 바랍니다.

3. 비자(사증)가 필요한 국가를 여행하고자 하는 경우에는 여권의 유효기간이 충분히 남았는지 확인하시기 바랍니다. 다수의 국가에서는 여권의 유효기간이 6개월 이상 남아있어야 비자를 발급해주고 있습니다.

4. 여권을 분실한 경우에는 외교통상부, 재외공관 또는 여권사무 대행기관에 즉시 신고(휴일 제외)하여 분실 여권의 악용을 방지하여야 합니다.

5. 낯선 사람의 수하물 운반 부탁은 위험이 따를 수 있으므로 주의하시기 바랍니다. 대리 운반 수하물에 총기나 마약류 등이 들어있는 경우에는 중범죄로 처벌받을 수 있습니다.

여권 관계 법령상 유의 사항

1. 여권의 유효기간이 만료된 경우에는 새로운 여권을 발급받아야 합니다.

2. 거주 여권 소지자가 재입국 후 2년(병역 해당자는 1년)이상 국내에 체재하고자 하는 경우에는 외교통상부 장관의 허가를 받아야 합니다. 허가를 받지 않을 경우 재입국 2년(병역 해당자는 1년) 후부터는 여권의 효력이 상실됩니다.

3. 사증란이 부족한 경우에는 1회에 한하여 사증란을 추가할 수 있습니다.

4. 감은 지역에서 90일 이상 체류하거나 거주하는 재외 국민은 거주지 관할 재외공관에 반드시 재외 국민 등록을 하여야 합니다. 미등록 시에는 불이익을 받을 수도 있습니다.

5. 외교통상부 장관이 지정한 '여권의 사용제한, 방문 및 체류 금지 국가'를 여행하려는 국민은 허가 신청서를 작성하여 외교통상부 또는 재외공관에 제출하고 심사를 통해 허가를 받아야 합니다.

안전 여행 안내 사항

여행국에 대한 정보와 유의사항, 재외공관 연락처 등은 외교통상부 홈페이지 (www.mofat.go.kr) 및 해외안전여행사이트 (www.0404.go.kr)를 적극 활용하시기 바랍니다. 국외에서 사건·사고를 당한 경우에는 즉시 재외공관 또는 외교통상부 '영사 콜센터'에 연락하여 필요한 도움을 받으시기 바랍니다.

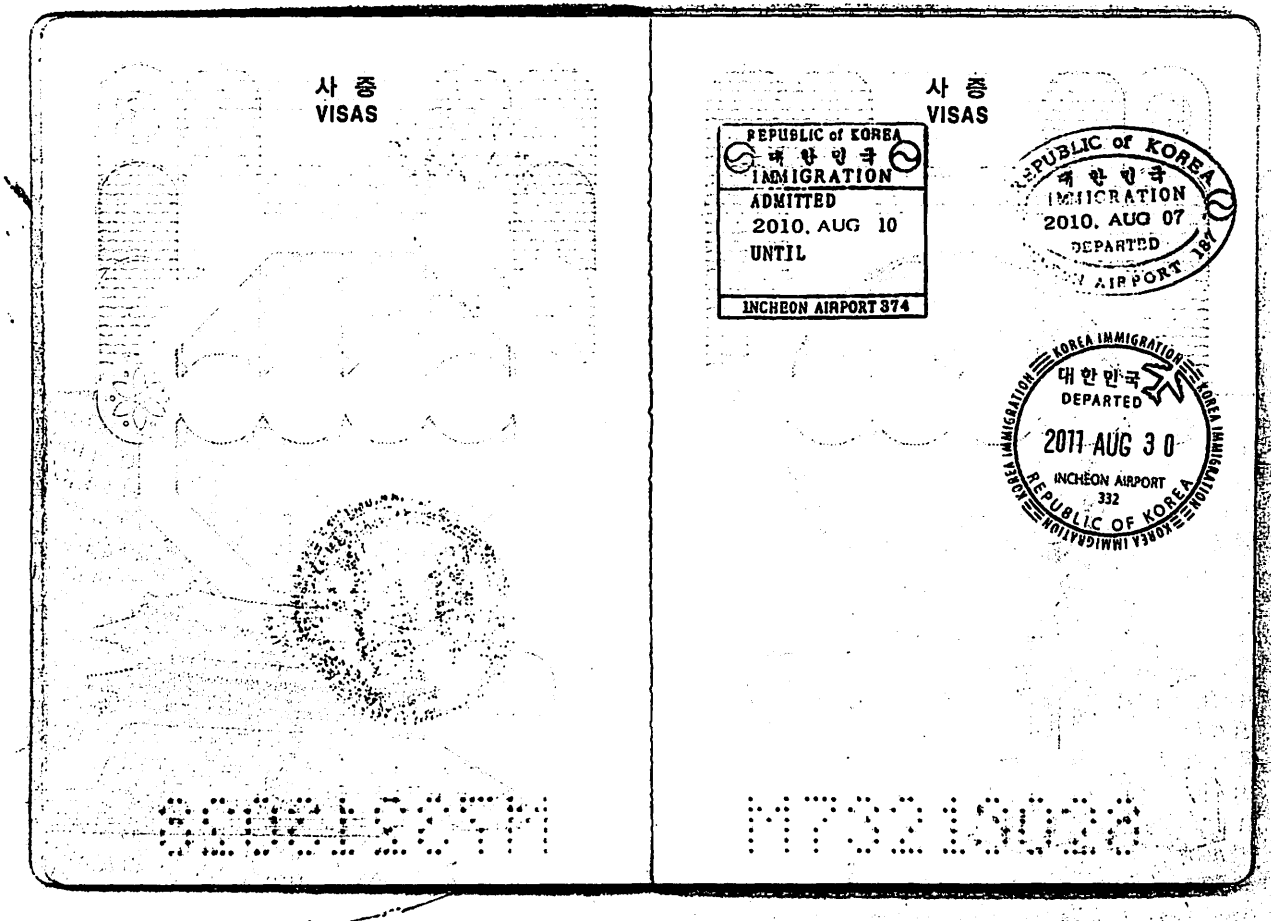
영사 콜센터 전화번호
- 국외 무료 자동 연결 : 현지 국제전화 코드 + 800-2100-0404
  국외 무료 수동 연결 : 국가별 접속 번호 + 0번 + 교환원 + 영사 콜센터
  국외 유료 자동 연결 : 현지 국제전화 코드 + 822-3210-0404(국내외 겸용)
- 국내 : (02) 3210-0404

추가기재
AMENDMENTS AND ENDORSEMENTS

추가기재
AMENDMENTS AND ENDORSEMENTS

REPUBLICA DOMINICANA
DIRECCION GENERAL DE MIGRACION
1089
19 OCT 2015
1089
ENTRADA
AILA
DR. JOSE F. PEÑA G.

REPUBLICA DOMINICANA
DIRECCION GENERAL DE MIGRACION
1269
23 OCT 2015
1269
AILA
DR. JOSE F. PEÑA G.


사 증
VISAS
사 증
VISAS
REPUBLIC of KOREA
대 한 민 국
IMMIGRATION
ADMITTED
2010. AUG 10
UNTIL
INCHEON AIRPORT 374
REPUBLIC of KOREA
대 한 민 국
IMMIGRATION
2010. AUG 07
DEPARTED
KOREA IMMIGRATION
대 한 민 국
DEPARTED
2011 AUG 30
INCHEON AIRPORT
332
REPUBLIC OF KOREA

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SEOUL

Control Number
20112162600001

Surname
LEE

Given Name
DONG JIN

Visa Type / Class
R - F1

Passport Number
M73213028

Sex
M

Birth Date
16JUL1959

Nationality
KOR

Entries
M

Issue Date
05AUG2011

Expiration Date
03AUG2016

Annotation

E3329472

N0008514637
FAITH EVANGELICAL SEMINARY

VNUSALEE<<DONG<JIN<<<<<<<<<<<<<<<<<<<<<<<<<<<<

M732130282KOR5907160M1608034F1SE01J6KQ221830

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

CBP Form I-94 Korean (05/08)

AUG 30 2011

48

소지인연락처
INFORMATION ON BEARER

국내주소 *Address in Korea*

전화 *Telephone*

휴대전화 *Mobile Phone*

국외주소 *Overseas Address*

전화 *Telephone*

휴대전화 *Mobile Phone*

비상시에는 가까운 대한민국 대사관(총영사관) 또는 아래 사람에게 연락하여 주시기 바랍니다.

In case of emergency, notify the nearest Korean Embassy (Consulate General) or the individual named below.

이름 *Name*

관계 *Relationship*

전화 *Telephone*

휴대전화 *Mobile Phone*

이 여권은 총 48면임 This passport contains 48 numbered pages.

2010년 한국조폐공사 제조

주 의
Caution

이 여권에는 민감한 전자칩이 내장되어 있습니다. 접거나 구멍을 뚫는 행위 또는 극한 환경(온도, 습도)에의 노출로 여권이 손상될 수 있으니 취급에 주의하여 주시기 바랍니다.

This passport contains sensitive electronics. For best performance please do not bend, perforate or expose to extreme temperatures or excess moisture.

Certificate of Ordination

THE CHRISTIAN AND MISSIONARY ALLIANCE

Lee, Dong Jin, after due examination and approval by us as to his Christian experience, call to the gospel ministry, and views of Bible doctrine, was solemnly and publicly set apart and ordained to The Gospel Ministry by the Licensing, Ordination, and Consecration Council of the Korean District on the 27th day of December 2015, and is judged worthy and qualified to administer the ordinances and to feed the flock of Christ so long as his conduct and beliefs are such as become the Word of God.

District Superintendent

THE**ALLIANCE**

Our mission is to know Jesus Christ; Exalt Him as Savior, Sanctifier, Healer, and Coming King; and complete His Great Commission.

Faith Evangelical Seminary

On Recommendation of the Faculty
has conferred upon

Dong Jin Lee

the Degree of

Master of Divinity

in recognition of the satisfactory fulfillment
of the requirements pertaining to this Degree.

In Testimony Whereof, we the undersigned affix our signatures
on this seventh day of June in the year of our
Lord, two thousand and fifteen, with all the honors
and privileges pertaining to this degree.

Michael J. Adams
President

Mark A. Rudd
Of the Governing Board

James A. Sibley
Dean

H Wayne House
Of the Faculty

THEALLIANCE

The Christian and
Missionary Alliance
8595 Explorer Drive
Colorado Springs, CO
80920

(719) 599-5999
info@cmalliance.org
www.cmalliance.org

February 9, 2016

78-53-023

Kurios Church of The Christian and Missionary Alliance
PO Box 8021
Olympia, WA 98509

RE: Group Exemption Inclusion
Your Federal Employer Identification No. (EIN) 46-2749472

Dear Pastor,

Congratulations! We now have all of the information we need to add your Church to our Group Exemption with the Internal Revenue Service (IRS). Your church is now included in the Exempt Group of The Christian and Missionary Alliance and qualifies as a federal tax exempt organization under Section 501(c)(3) of the Internal Revenue Code

Since the C&MA submits annual reports to the IRS in March of each year, your church will not be officially listed with the IRS until after next March. If we receive any communication from the IRS related to your church, we will notify you.

Enclosed are copies of:

Two IRS determination letters dated January 10, 1992, determining the parent's exempt status and extending the exempt status to our districts and local churches.

An IRS letter dated April 27, 1993, advising the C&MA that our Group Exemption Number is 2284 and confirming the merger of two EINs for the parent into one.

In addition, The Christian and Missionary Alliance (as parent of the group) is listed in the current edition of IRS Publication 78, Cumulative List of Organizations, as revised. (See www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check and search for [using the following exact spelling by IRS]: Christian & Missionary Alliance, Colorado Spgs, CO.)

This letter and the enclosed documents should be maintained in your permanent records. You may make copies of this complete set of letters when requesting mail permits, state and local sales tax exemptions, etc. You are not permitted to use these letters for any purpose other than to maintain your federal tax-exempt status.

Please notify us immediately if you change the name and/or address of your church so our records will be current and your exemption will not lapse. You must also send us a copy of

any amendments that are made to the church Constitution, Charter or Articles of Incorporation. Failure to comply may result in loss of your church tax-exempt status.

Please feel free to contact me or my assistant at 719-265-2005 or closes@cmalliance.org if you have any questions.

Warmly,

Gary D. Friesen
General Counsel/Assistant Corporate Secretary

gdf/smc
Enclosures

cc: Korean District

Now that you're in the Group Exemption, what does it mean?

IRS Group Exemption Number:	2284
Your EIN:	46-2749472 (Kurios Church)
Year of Inclusion:	2016
Purpose:	exemption from federal income tax and unemployment tax [501(c)(3) status]
May be required to obtain:	state and local sales and property tax exemptions, mail permits, etc.
To show proof to an inquiring agency:	copy the National Office cover letter and its three attachments (IRS letters to C&MA: 1/10/1992 and 4/27/1993)
Notify the National Office if:	name or address change; amendments to Articles of Incorporation or Bylaws reflecting a change in purpose, character, or method of operation (failure to comply may result in loss of tax-exempt status)
Is this the same thing as a sales tax or property exemption?	No. You must apply for that with your city, county, or state.
Do you have to file Form 990 with the IRS?	No (unless subject to tax on unrelated business income)
You lost your original letters?	call us for updated letters
Questions:	please contact Gary or Susie

The Christian and Missionary Alliance
Office of the Corporate Secretary/Legal Services
8595 Explorer Drive
Colorado Springs, CO 80920

• • •

Gary D. Friesen, General Counsel/Assistant Corporate Secretary
Susan M. Close, Executive/Legal Assistant
877-284-3262 or 877-433-5433 or 719-265-2005 • Fax 719-262-5393 • closes@cmalliance.org

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

RECEIVED

JAN 14 1992

HOLME ROBERTS & OWEN

Date: JAN 10 1992

THE CHRISTIAN AND MISSIONARY
ALLIANCE OF COLORADO
C/O JOHN R WYLIE
90 SOUTH CASCADE AVE STE 1300
COLORADO SPRINGS, CO 80903

Employer Identification Number:
84-1175729
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-3526
Accounting Period Ending:
December 31
Form 990 Required:
No
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not

necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary O, Booth

Gary O. Booth
District Director

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

RECEIVED

JAN 14 1992

HOLME ROBERTS & OWEN

Date: JAN 10 1992

THE CHRISTIAN AND MISSIONARY
ALLIANCE OF COLORADO
C/O JOHN R WYLIE
90 SOUTH CASCADE AVE STE 1300
COLORADO SPRINGS, CO 80903

Employer Identification Number:
84-1175729
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-3526

Addendum Applies:
No

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from Federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from Federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates are not required to file Form 990, Return of Organization Exempt From Income Tax, if they qualify as churches or integrated auxiliaries of churches or otherwise meet the exceptions in section 1.6033-2(g) of the Income Tax Regulations.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for social security (FICA) taxes for each employee to whom the subordinate paid $100 or more during a calendar year. This does not apply, however, to any subordinate

that makes or has made a timely election under section 3121(w) of the Code to be exempt from such tax. Your subordinates are not liable for tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;

2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
   a. Changed names or address;
   b. Were deleted from your roster; or
   c. Were added to your roster.

3. For subordinates to be added, attach:
   a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given you written authorization to add its name to the roster;
   c. A list of those to which the Service previously issued exemption rulings or determination letters;
   d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
   e. The street address of each subordinate whose mailing address is a P.O. Box; and
   f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption roster did not change since your previous report.

The above information should be sent, "Attention: Entity Control Unit," to the following address:

Internal Revenue Service Center
3651 S. Interregional Highway
Stop 6181 AUSC
Austin, Texas 78740

THE CHRISTIAN AND MISSIONARY

The service center that processes your returns will send you a Group Exemption Number. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary O. Booth

Gary O. Booth
District Director

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

Person to Contact:
Theodore Bozovich
Telephone Number:
(202) 622-8106
Refer Reply to:
E:SDA
Date:
APR 27 1993

Mr. Gaines
Holme Roberts & Owen
Suite 1300
90 South Cascade Ave.
Colorado Springs, Colorado 80903

Re: The Christian and Missionary Alliance Merger

Dear Mr. Gaines:

This confirms our previous conversation concerning the subject organization merger and the Service's confirmation of the following matters: (1) the transfer of EIN and GEN exemption numbers from The Christian and Missionary Alliance, a New York religious corporation ("Old CMA"), to The Christian and Missionary Alliance of Colorado, a Colorado nonprofit corporation ("New CMA"), and (2) the change in New CMA's name from "The Christian and Missionary Alliance of Colorado" to "The Christian and Missionary Alliance."

Our computer records have been updated to reflect the employer identification number (EIN) 13-1623940 and group exemption number (GEN) 2284 for Old CMA has now been transferred to New CMA as a result of the completion of the merger. EIN 84-11755729 and GEN 7153 previously assigned to New CMA has been cancelled per your request. Accordingly, New CMA should continue to use the tax identification numbers previously assigned to Old CMA.

In addition, based on Amended and Restated Articles of Incorporation, we have changed our computer records reflecting changing its name from The Christian and Missionary Alliance of Colorado to "The Christian and Missionary Alliance." This confirms that New CMA's individual and group tax exemptions continue after the official name change.

We hope this information will be helpful to you. If you have any questions regarding this matter, please refer them to the person whose name appears in the heading of this letter.

Sincerely yours,

Theodore Bozovich

Theodore Bozovich
Senior Program Analyst
Office of Systems Development
and Administration - Employee
Plans and Exempt Organizations

Ordained Official Worker License

THE CHRISTIAN AND MISSIONARY ALLIANCE

This certifies that **Rev. Dong Jin Lee**

is an ordained minister of The Christian and Missionary Alliance, serving as an officially recognized

Pastor

and is cordially recommended to the fellowship of all evangelical Christians. This license is valid from

January 1, 2016 *to* **December 31, 2016**

Korean District C&MA

District

District Superintendent

THE**ALLIANCE**

Our mission is to make Jesus Christ known as Savior, Sanctifier, Healer and Coming King; and to complete the Great Commission.

Provisional Official Worker License

THE CHRISTIAN AND MISSIONARY ALLIANCE

This certifies that Dong Jin Lee *is licensed provisionally as an official worker of The Christian and Missionary Alliance in order to fulfill requirements for ordination/consecration under the direction of the Licensing, Ordination, and Consecration Council. He/she is serving as an officially recognized*

Pastor

at Kurios Church of the C&MA

and is cordially recommended to the fellowship of all evangelical Christians. This license is valid from

January 01, 2015 *to* December 31, 2015

Korean District
District

District Superintendent

THE**ALLIANCE**

Our mission is to know Jesus Christ; Exalt Him as Savior, Sanctifier, Healer, and Coming King; and complete His Great Commission.

Provisional Official Worker License

THE CHRISTIAN AND MISSIONARY ALLIANCE

This certifies that MR. Dong Jin Lee is licensed provisionally as an official worker of The Christian and Missionary Alliance in order to fulfill requirements for ordination/consecration under the direction of the License, Ordination, and Consecration Council. He/she is serving as an officially recognized

Pastor

at Kurios Church

and is cordially recommended to the fellowship of all evangelical Christians. This license is valid from

January 01, 2014 to December 31, 2014

Korean District

District

District Superintendent

THE ALLIANCE
Living the Call together
Matthew 28:18-20

Our mission is to know Jesus Christ; exalt Him as Savior, Sanctifier, Healer, and Coming King; and complete His Great Commission:
❖ Evangelizing and discipling persons throughout the United States, and ❖ Incorporating them into Christ-centered, community-focused congregations,
❖ Mobilizing them for active involvement in a missionary effort designed to plant Great Commission churches among both unreached and responsive peoples worldwide.

NC-PROVISIONAL 5/2012

Dong Jin Lee

F-2 Student Visa Documents
Lee Family

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0008514653

SURNAME/PRIMARY NAME Kang	**GIVEN NAME** Kyung Sook	**CLASS** **F-2**
PREFERRED NAME Kyung Sook Kang	**PASSPORT NAME**	
COUNTRY OF BIRTH SOUTH KOREA	**COUNTRY OF CITIZENSHIP** SOUTH KOREA	
DATE OF BIRTH 07 JULY 1962	**ADMISSION NUMBER**	
RELATIONSHIP TO STUDENT SPOUSE	**LEGACY NAME** Kyung Sook Kang	**DEPENDENT**

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Lee	**STUDENT'S GIVEN NAME** Dong Jin
STUDENT'S COUNTRY OF BIRTH SOUTH KOREA	**STUDENT'S DATE OF BIRTH** 16 JULY 1959
STUDENT'S COUNTRY OF CITIZENSHIP SOUTH KOREA	**STUDENT'S ADMISSION NUMBER** 77480927430
STUDENT'S SEVIS ID: N0008514637	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Faith Evangelical College & Seminary Faith Evangelical College & Seminary	**SCHOOL CODE AND APPROVAL DATE** SEA214F00368000 28 MARCH 2003

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Divinity/Ministry 39.0602	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 48 Months	**PROGRAM ENGLISH PROFICIENCY** Not Required	**ENGLISH PROFICIENCY NOTES** The entire program will be taught by
PROGRAM START DATE 03 SEPTEMBER 2013	**PROGRAM END DATE** 13 NOVEMBER 2015	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR: 9 MONTHS**	
Tuition and Fees	$ 6,000	Personal Funds	$ 21,000
Living Expenses	$ 10,000	Funds From This School	$
Expenses of Dependents (4)	$ 8,000	Family sponsor	$ 10,000
books & fees	$ 500	On-Campus Employment	$
TOTAL	$ 24,500	TOTAL	$ 31,000

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X _____ **DATE ISSUED** **PLACE ISSUED**

SIGNATURE OF: Kyu Hyun Lee, Vice-President of International Affairs — 22 March 2016 — Tacoma, WA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X _____ _____

SIGNATURE OF: Dong Jin Lee — **DATE**

_____ X _____ _____ _____

NAME OF PARENT OR GUARDIAN — **SIGNATURE** — **ADDRESS (city/state or province/country)** — **DATE**

SEVIS ID: N0008514653 (F-2) **NAME: Kyung Sook Kang**

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	14 NOVEMBER 2015	13 NOVEMBER 2016

STUDENT'S EMPLOYER INFORMATION

TYPE		AUTHORIZATION DATES	
POST-COMPLETION OPT		14 NOVEMBER 2015 - 13 NOVEMBER 2016	
EMPLOYER NAME	**START DATE**	**END DATE**	**CITY & STATE**
Kurios Church of the Christian & Mi	14 NOVEMBER 2015	13 NOVEMBER 2016	Olympia, WA

CHANGE OF STATUS/CAP-GAP EXTENSION

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the dependent after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

THIS PAGE INTENTIONALLY LEFT BLANK

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0008514661

SURNAME/PRIMARY NAME Lee	**GIVEN NAME** Haneol	**CLASS** **F-2**
PREFERRED NAME Haneol Lee	**PASSPORT NAME**	
COUNTRY OF BIRTH SOUTH KOREA	**COUNTRY OF CITIZENSHIP** SOUTH KOREA	
DATE OF BIRTH 01 JULY 2002	**ADMISSION NUMBER**	
RELATIONSHIP TO STUDENT CHILD	**LEGACY NAME** Haneol Lee	**DEPENDENT**

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Lee	**STUDENT'S GIVEN NAME** Dong Jin
STUDENT'S COUNTRY OF BIRTH SOUTH KOREA	**STUDENT'S DATE OF BIRTH** 16 JULY 1959
STUDENT'S COUNTRY OF CITIZENSHIP SOUTH KOREA	**STUDENT'S ADMISSION NUMBER** 77480927430
STUDENT'S SEVIS ID: N0008514637	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Faith Evangelical College & Seminary Faith Evangelical College & Seminary	**SCHOOL CODE AND APPROVAL DATE** SEA214F00368000 28 MARCH 2003

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Divinity/Ministry 39.0602	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 48 Months	**PROGRAM ENGLISH PROFICIENCY** Not Required	**ENGLISH PROFICIENCY NOTES** The entire program will be taught by
PROGRAM START DATE 03 SEPTEMBER 2013	**PROGRAM END DATE** 13 NOVEMBER 2015	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR: 9 MONTHS**	
Tuition and Fees	$ 6,000	Personal Funds	$ 21,000
Living Expenses	$ 10,000	Funds From This School	$
Expenses of Dependents (4)	$ 8,000	Family sponsor	$ 10,000
books & fees	$ 500	On-Campus Employment	$
TOTAL	$ 24,500	TOTAL	$ 31,000

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X _____

SIGNATURE OF: Kyu Hyun Lee, Vice-President of International Affairs	**DATE ISSUED** 22 March 2016	**PLACE ISSUED** Tacoma, WA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X _____ _____

SIGNATURE OF: Dong Jin Lee **DATE**

X _____ _____ _____

NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0008514661 (F-2) **NAME: Haneol Lee**

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	14 NOVEMBER 2015	13 NOVEMBER 2016

STUDENT'S EMPLOYER INFORMATION

TYPE		AUTHORIZATION DATES	
POST-COMPLETION OPT		14 NOVEMBER 2015 - 13 NOVEMBER 2016	
EMPLOYER NAME	**START DATE**	**END DATE**	**CITY & STATE**
Kurios Church of the Christian & Mi	14 NOVEMBER 2015	13 NOVEMBER 2016	Olympia, WA

CHANGE OF STATUS/CAP-GAP EXTENSION

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the dependent after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

THIS PAGE INTENTIONALLY LEFT BLANK

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0008514657

SURNAME/PRIMARY NAME Lee	**GIVEN NAME** Hanbich	**CLASS** **F-2**
PREFERRED NAME Hanbich Lee	**PASSPORT NAME**	
COUNTRY OF BIRTH SOUTH KOREA	**COUNTRY OF CITIZENSHIP** SOUTH KOREA	
DATE OF BIRTH 04 DECEMBER 1999	**ADMISSION NUMBER**	
RELATIONSHIP TO STUDENT CHILD	**LEGACY NAME** Hanbich Lee	**DEPENDENT**

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Lee	**STUDENT'S GIVEN NAME** Dong Jin
STUDENT'S COUNTRY OF BIRTH SOUTH KOREA	**STUDENT'S DATE OF BIRTH** 16 JULY 1959
STUDENT'S COUNTRY OF CITIZENSHIP SOUTH KOREA	**STUDENT'S ADMISSION NUMBER** 77480927430
STUDENT'S SEVIS ID: N0008514637	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Faith Evangelical College & Seminary Faith Evangelical College & Seminary	**SCHOOL CODE AND APPROVAL DATE** SEA214F00368000 28 MARCH 2003

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Divinity/Ministry 39.0602	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 48 Months	**PROGRAM ENGLISH PROFICIENCY** Not Required	**ENGLISH PROFICIENCY NOTES** The entire program will be taught by
PROGRAM START DATE 03 SEPTEMBER 2013	**PROGRAM END DATE** 13 NOVEMBER 2015	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 6,000	Personal Funds	$ 21,000
Living Expenses	$ 10,000	Funds From This School	$
Expenses of Dependents (4)	$ 8,000	Family sponsor	$ 10,000
books & fees	$ 500	On-Campus Employment	$
TOTAL	$ 24,500	TOTAL	$ 31,000

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X _____

SIGNATURE OF: Kyu Hyun Lee, Vice-President of International Affairs	**DATE ISSUED** 22 March 2016	**PLACE ISSUED** Tacoma, WA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X _____ _____

SIGNATURE OF: Dong Jin Lee **DATE**

X

NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0008514657 (F-2) **NAME: Hanbich Lee**

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	14 NOVEMBER 2015	13 NOVEMBER 2016

STUDENT'S EMPLOYER INFORMATION

TYPE		AUTHORIZATION DATES	
POST-COMPLETION OPT		14 NOVEMBER 2015 - 13 NOVEMBER 2016	
EMPLOYER NAME	**START DATE**	**END DATE**	**CITY & STATE**
Kurios Church of the Christian & Mi	14 NOVEMBER 2015	13 NOVEMBER 2016	Olympia, WA

CHANGE OF STATUS/CAP-GAP EXTENSION

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the dependent after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

THIS PAGE INTENTIONALLY LEFT BLANK

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0008514666

SURNAME/PRIMARY NAME Lee	**GIVEN NAME** Hangil	**CLASS** **F-2**
PREFERRED NAME Hangil Lee	**PASSPORT NAME**	
COUNTRY OF BIRTH SOUTH KOREA	**COUNTRY OF CITIZENSHIP** SOUTH KOREA	
DATE OF BIRTH 05 FEBRUARY 2004	**ADMISSION NUMBER**	
RELATIONSHIP TO STUDENT CHILD	**LEGACY NAME** Hangil Lee	**DEPENDENT**

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Lee	**STUDENT'S GIVEN NAME** Dong Jin
STUDENT'S COUNTRY OF BIRTH SOUTH KOREA	**STUDENT'S DATE OF BIRTH** 16 JULY 1959
STUDENT'S COUNTRY OF CITIZENSHIP SOUTH KOREA	**STUDENT'S ADMISSION NUMBER** 77480927430
STUDENT'S SEVIS ID: N0008514637	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Faith Evangelical College & Seminary Faith Evangelical College & Seminary	**SCHOOL CODE AND APPROVAL DATE** SEA214F00368000 28 MARCH 2003

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Divinity/Ministry 39.0602	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 48 Months	**PROGRAM ENGLISH PROFICIENCY** Not Required	**ENGLISH PROFICIENCY NOTES** The entire program will be taught by
PROGRAM START DATE 03 SEPTEMBER 2013	**PROGRAM END DATE** 13 NOVEMBER 2015	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR: 9 MONTHS**	
Tuition and Fees	$ 6,000	Personal Funds	$ 21,000
Living Expenses	$ 10,000	Funds From This School	$
Expenses of Dependents (4)	$ 8,000	Family sponsor	$ 10,000
books & fees	$ 500	On-Campus Employment	$
TOTAL	$ 24,500	TOTAL	$ 31,000

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X _____	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Kyu Hyun Lee, Vice-President of International Affairs	22 March 2016	Tacoma,WA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X _____		_____	
SIGNATURE OF: Dong Jin Lee		**DATE**	
_____	**X** _____	_____	_____
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0008514666 (F-2) **NAME: Hangil Lee**

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	14 NOVEMBER 2015	13 NOVEMBER 2016

STUDENT'S EMPLOYER INFORMATION

TYPE		AUTHORIZATION DATES	
POST-COMPLETION OPT		14 NOVEMBER 2015 - 13 NOVEMBER 2016	
EMPLOYER NAME	**START DATE**	**END DATE**	**CITY & STATE**
Kurios Church of the Christian & Mi	14 NOVEMBER 2015	13 NOVEMBER 2016	Olympia, WA

CHANGE OF STATUS/CAP-GAP EXTENSION

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the dependent after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

Information Paper prepared by Song Birck
Request for legal service for R-1 Visa Petition

Church: Kurios Church of C&MA

1. Denomination: Christian and Missionary Alliance → Korean District of C&MA (The Christian and Missionary Alliance (C&MA) is an evangelical protestant denomination within Christianity founded by Rev. Albert Benjamin Simpson in 1887. C&MA headquarters are currently located in Colorado Springs, Colorado.

2. In May 2013, Kurios Church was incorporated in the State of Washington as a member church of the C&MA, a church demonization which operates legally as Colorado nonprofit corporation. **(See the Articles of Incorporation)**

3. In February 2016, Kurios Church received the inclusion of C&MA's Group Tax Exempt under Section 501(c)(3) of the Internal Revenue Codes. **(See the Group Exempt Letter)**

4. Financial Statements for 2013, 2014, and 2015 (Bank statements for Dec 2014 and 2015 that show the ending balance of the financial statements.)

5. We are in the process of applying for C&MA assistance for church planting. (About $500 per month)

6. Supported by Kurios International (about $600 per quarter)

7. Would like to file a R-1 visa petition for Rev. Dong Jin Lee (Expected Salary, $28~30K)

Rev. Dong Jin Lee

1. Entered U.S. with F-1 visa in Aug 2011, with his wife and three children (F-2 visa)
    a. I-20
    b. Passport

2. Completed the Master of Divinity at Faith Evangelical College and Seminary at Tacoma WA
    a. Transcript

3. Ordained by C&MA, Korean District
    a. Certification of ordination

4. Worked for part time under the CPT program, and started working for full time under the OPT program starting in Nov 2015 with a Provisional Worker License issued by C&MA ($1000/2 weeks).

Issues / Concerns

1. **Number of member is still fairly small: (7 adults and 4 youths)**
2. **Directors and officers are family members: Song Birck (President and Treasurer)**
3. **Would it be better if a director who is not part of members? (Rev. Chung is a founder of the Kurios International and could be designated as a director.)**
4. **Is $28K an acceptable level of salary for R-1 visa? (2015 US Poverty line for 5 families is $28,400.)**

Kurios Church of the Christian & Missionary Alliance

C&MA Korean District Church
Financial Support Approval

I certify that the attached document (C&MA Korean District's approval of financial support for Kurios Church) is a complete and accurate translation from Korean to English and that I am competent to translate from Korean to English.

Name/Signature Date

Song M. Birck, CPA, CIA Song M. Birck 6/25/2016

Address

2847 Jorgenson Rd. NE Olympia, WA 98516

Translation from Korean to English

THE ALLIANCE Logo THE KOREAN DISTRICT OF THE C&MA

June 22, 2016

Receiver: Kurios Church
Sender: C&MA Korean District
Subject: Financial Support for Church Planting

This letter is to notify that the office of the C&MA Korean District decided to provide a financial support of $1,000 for each month starting in July 2016 for one year for Kurios Church, which is a developing church, located at 1807 9th Avenue SW, Olympia WA 98502. After one year, if your church still needs financial support, the financial support can be extended by following the required procedures for extension.

I pray that Kurios Church, as part of the C&MA, can be established as a healthy church that preaches the gospel of Jesus Christ to people in Olympia, the State of Washington, the North America, and to the entire world.

"You will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth." (Acts 1:8)

SIGNATURE

Rev. Han Young Baek
C&MA Korean District Superintendent

cc. Church Planting Committee Chair, Rev. Kyung Hwan Lee; and Church Planting Committee Secretary and the Director of Church Planting Directorate, Rev. Jae Ho Chung

THEALLIANCE

THE KOREAN DISTRICT OF THE C&MA

C&MA 한인총회

2016 년 6 월 22 일

수신: 큐리오스 교회
발신: C&MA 한인총회
내용: 개척 재정 지원

C&MA 한인총회에서는 1807 9th Avenue SW, Olympia, WA 98502 에 소재한 개척 교회인 큐리오스 교회를 돕기 위하여 2016 년 7 월부터 1 년 동안 월 $1,000 을 지원하기로 결정하였음을 알려드립니다. 1 년 지원이 종료된 후에도 재정 지원이 필요한 경우 소정의 절차를 밟아서 재정 지원이 연장될 수 있습니다.

큐리오스 교회가 C&MA 의 일원으로서 올림피아와 워싱톤 주와 북미주와 전 세계에 예수 그리스도의 복음을 전파하는 건강한 교회로 세워지기를 기원합니다.

"오직 성령이 너희에게 임하시면 너희가 권능을 받고 예루살렘과 온 유대와 사마리아와 땅 끝까지 이르러 내 증인이 되리라 하시니라." (사도행전 1 장 8 절)

백한영 목사
C&MA 한인총회 감독

cc. 개척위원회 위원장 이경환 목사, 개척위원회 서기 및 개척국장 정재호 목사

www.kdcma.com koreancma@gmail.com
169 MAIN ST. RIDGEFIELD PARK NJ 07660
T.201-440-5700 F.201-440-5701 (한국)070-4656-6750

Kurios Church of the Christian & Missionary Alliance

Job Description – Pastor-in-Charge

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
(POSITION DESCRIPTONS)

Pastor-in-Charge

Required Qualifications

The Pastor-in-Charge must:

- Be ordained by the Korean District, Christian and Missionary Alliance (KDCM&A).
- Have the same belief as that of the C&MA.
- Be evangelism-centered focusing on the bible.
- Be able to speak Korean fluently in oral and written communication.
- Have a sufficient understanding of Korean people and cultural background.
- Have education and experiences in the field of counseling to be able to provide counseling and advice on secular and religious matters for church members and their families when needed.
- Have a vision and dedication in the church planting and development mission.
- Be Christ-centered and pursue the heart of Jesus Christ in faith and everyday life.

Required Duties

The Pastor-in-Charge will independently:

- Preach and teach the Word of God (gospel) – at a minimum, Sunday worship services and Wednesday Bible study. (Note: May expand to daily Morning Prayer sessions and Friday service when needed.)
- Conduct comprehensive research and analyses in preparation of regular worship services, sermons, various bible studies, and seminars.
- Prepare course material and provide various training to enhance spiritual growth of church members on an individual or group basis.
- Provide counseling and spiritual supports for church members as needed.
- Perform various ceremonies such as funeral and wedding for church members and their families when requested.
- Reach out to local communities of Korean and other ethic immigrants to preach the gospel.
- Attend monthly meetings of ministers within the Northwest Regional Alliance of KDC&MA and complete tasks requested by the Alliance.
- Attend an annual conference and continuing education seminar hosted by KDC&MA.
- Maintained oversight on the overall administration and management of church matters and members' relationship in coordination with the board of directors and church officers.

Kurios Church of the Christian & Missionary Alliance

2016 Church Directory

큐리오스 교회

KURIOS CHURCH OF THE

CHRISTIAN & MISSIONARY ALLIANCE

2016 Directory

Organization

Kurios Church is a member church of the Christian and Missionary Alliance (C&MA), under the jurisdiction of the Korean District of the C&MA (KDCMA). The Korean District includes 8 regional alliances (East, Northeast, Southeast, Middle, West, Midwest, Northwest, and Korea). Kurios Church is one of the 7 churches in the Northwest region.

Directory

C&MA National Office

Address: The Christian and Missionary Alliance, 8595 Explorer Drive Colorado Springs, CO 80920
Phone: (719) 599-5999
Website: http://www.cmalliance.org/

Korean District Office

Address: 169 Main St. Ridgefield Park, NJ 07660
Email: koreancma@gmail.com
Website: http://www.kdcma.com
Phone: (201) 440-5700
Fax: (201) 440-5701

District Office Staff:

- Rev. Han (Han Young) Baek, District Superintendent
- Rev. Neul (Sky) Ha, District Personnel
- Rev. Jin Tae Kim, Ministerial Study Program Director
- Rev. Jae Ho Chung, Church Planting Director

Northwest Regional Alliance

Address: 3617 156th Pl SE Bothell, WA 98012
Email: sainthss@hotmail.com
Phone: (425) 877-0804

Elected Officers for 2016:

- Chief: Rev. Dohyong Lee (Pastor-in-Charge of Korean Yedam Church)
- Vice Chief: Rev. Won Ho (Pastor-in-Charge of The New Church of Federal Way)
- Secretary & Treasurer: Rev. Sungsu Han (Pastor-in-Charge of Living Water Alliance Church)

Northwest Church Address and Pastor-in-Charge:

1. **생명샘교회 (Living Water Alliance Church)**

   - 3617 156th Pl. SE, Bothell, WA 98012 425-877-0804
   - 담임 한성수 목사 (Rev. Sungsu Han)

2. **신광교회 (Tacoma New Light Church)**

   - 8602 Bridgeport Way. SW, Lakewood, WA 98499 253-571-8022
   - 담임 김창명 목사 (Rev. Changmyung Kim)

3. **예닮교회 (Korean Yedam Church)**

   - 15005 SE 38th St., Bellevue, WA 98006 206-353-0001
   - 담임 이도형 목사 (Rev. Dohyong Lee)

4. **큐리오스교회 (Kurios Church)**

   - 1807 9th Ave. SW, Olympia, WA 98502 360-628-0910
   - 담임 이동진목사 (Rev. Dong Jin Lee)

5. **타코마사랑의교회 (Sarang Christian Church of C&MA)**

- H Building, Tacoma Baptist School, 2502 S. 64th St.Tacoma, WA 98409 253-230-8887
- 담임 이동기 목사 (Rev. Dong Gi Lee)

6. **웨드럴웨이새교회 (The New Church of Federal Way)**

- 33901 9th Ave. S, Federal Way, WA 98003 206-551-2375
- 담임 원호 목사 (Rev. Won Ho)

7. **웨드럴웨이은광교회 (Federal Way Light of Grace Alliance Church)**

- 36016 1st Ave. NE., S. Federal Way, WA 98003 253-661-9313
- 담임 김상수목사 (Rev. Sangsu Kim)

Kurios Church Members Address and Phone Number:

Name	Type	Address	Phone
Robert Birck	Adult	2847 Jorgenson Rd. NE, Olympia WA 98516	(360) 923-2267
Song Birck	Adult	Same as above	(360) 789-9086
Joshua Birck	Youth	Same as above	
Dong Jin Lee	Adult	2010 Ashwood Down Ln SE, Apt #C-121 Olympia WA 98501	(360) 628-0910
Kyung Sook Kang	Adult	Same as above	(360) 628-0665
Hanbich Lee	Youth	Same as above	
Haneol Lee	Youth	Same as above	
Hangil Lee	Youth	Same as above	
Yeong Ock Lee	Adult	3415 12th Ave. NE, Apt 112, Olympia WA 98506	(360) 742-4098
Dong Sun Lee	Adult	3415 12th Ave. NE, Apt 314, Olympia WA 98506	(360) 493-2018
Kuk Ja Lee	Adult	1514 Evanston Ct NE Olympia WA 98506, Adult Home Care (Caregiver Angel)	(360) 943-6379
Won Jin (Jenny) Kim	Adult	9116 Kelly Ct NE Lacey, WA 98516	(360) 350-8749
Joo Hyun Lee	Adult	2700 Evergreen Pkwy NW, Olympia WA 98505	010-62019-3392
Yoon Young Kim	Adult	Same as above	360-525-0606

Jennifer Knudsen	Adult	PO Box 206 Centralia, WA 98531	(360) 402-4717
Lydia Knudsen	Youth	Same as above	
In Soon Song	Adult	3415 12th Ave. NE, APT 302, Olympia WA 98506	(360) 438-3332

Following are English-speaking individuals we send out Sunday sermon every week by email.

Name	Email
Diane Danly	dianedanly@gmail.com
Jose Felix	Jfx1996@gmail.com
Laurie Reynolds	lreynolds@rimrock.biz
Traci Regner	tmbr@gmx.com
Heather Tierney	heathertierney@gmail.com

Kurios Church of the Christian & Missionary Alliance

Member Registration Forms

(1)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	이 성인 Song Birk	생년월일 BIRSDAY	9/27/1965	성 별 SEX	F
주 소 ADDRESS	2847 Jorgenson Rd NE Olympia WA 98516				
연락처 CONTACT	전화 PHONE 360-789-9086		이메일 E-mail	songbirk@hotmail.com	
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(2)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Robert Birk	생년월일 BIRSDAY	9/10/1950	성 별 SEX	M
주 소 ADDRESS	2847 Jorgenson Rd NE Olympia WA 98516				
연락처 CONTACT	전화 PHONE (360) 923-2267 (H) (360) 789-9007 (C)		이메일 E-mail	rmb2073@hotmail.com	
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(3)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Joshua Birk	생년월일 BIRSDAY	8/19/1998	성 별 SEX	M
주 소 ADDRESS	2847 Jorgenson Rd NE Olympia WA 98516				
연락처 CONTACT	전화 PHONE (360) 789- 9116		이메일 E-mail	joshbirk1@gmail.com	
세 례 BAPTISM	☐ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.		Heard U.C. Berkeley starting Aug 2016			

(4)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	이 영숙	생년월일 BIRSDAY	11/28/1938	성 별 SEX	F
주 소 ADDRESS	3415 12th Ave NE. Apt #112 Olympia WA 98506				
연락처 CONTACT	전화 PHONE 360-742-4098		이메일 E-mail		
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(5)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Dong Jin Lee 이동진	생년월일 BIRSDAY	7/16/1959	성 별 SEX	M
주 소 ADDRESS	2010 Ashwood Down Ln SE, Apt # C-121 Olympia WA 98501				
연락처 CONTACT	전화 PHONE (360) 918-8773		이메일 E-mail	djl07166@hotmail.com	
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.	Ministry worker (Pastor)				

(6)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Kyung Sook Kang 강경숙	생년월일 BIRSDAY	7/7/1962	성 별 SEX	F
주 소 ADDRESS	2010 Ashwood Down Ln SE, Apt # C-121 Olympia WA 98501				
연락처 CONTACT	전화 PHONE (360) 918-8773		이메일 E-mail	kakys8688@hanmail.net	
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(7)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Joseph Lee (이한길)	생년월일 BIRSDAY	12/4/1999	성 별 SEX	M
주 소 ADDRESS	2010 Ashwood Down Ln SE, Apt # C-121 Olympia WA 98501				
연락처 CONTACT	전화 PHONE		이메일 E-mail		
세 례 BAPTISM	☑ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

(8)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	Paul Lee (이한길)	생년월일 BIRSDAY	Feb. 5, 2004 2/5/2004	성 별 SEX	Boy
주 소 ADDRESS	2010 Ashwood Ln SE, Apt # C-121 Olympia WA 98501				
연락처 CONTACT	전화 PHONE		이메일 E-mail		
세 례 BAPTISM	☑ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

(9)

교인등록카드

등록일 2016. 2. 7.

이 름 NAME	John Lee 이한얼	생년월일 BIRSDAY	02. 07. 01	성 별 SEX	Boy
주 소 ADDRESS	[redacted] 2010 Ashwood Down Ln, SE, Apt C-121 Olympia WA 98501				
연락처 CONTACT	전화 PHONE 360-972-9717		이메일 E-mail	honeol John.gmail.com	
세 례 BAPTISM	☑ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

(10)

교인등록카드

등록일 2013. 9. 1.

이 름 NAME	이국자 LEE KUK JA	생년월일 BIRSDAY	1935. K 24	성 별 SEX	女
주 소 ADDRESS	3415 12TH AVE NE #314 Olympia WA 98506				
연락처 CONTACT	전화 PHONE (360) 493-2018		이메일 E-mail		
세 례 BAPTISM	☑ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

(11)

교인등록카드

등록일 20[illegible] . 9 . 1 .

이 름 NAME	이 동 순 Lee Dong Soon	생년월일 BIRSDAY	1931 9, 5 ←	성 별 SEX	남 MAN
주 소 ADDRESS	3415 12th AVENUE #314 Olympia WA 98506				
연락처 CONTACT	전화 PHONE 360 493. 2018		이메일 E-mail		
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(12)

교인등록카드

등록일 2015. 6. .

이 름 NAME	이 주현	생년월일 BIRSDAY	1993. 1. 6	성 별 SEX	Female
주 소 ADDRESS	대구시 달서구 용산동				
연락처 CONTACT	전화 PHONE 010. 6209. 3392		이메일 E-mail	JS00349@naver.com	
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

(13)

교인등록카드

등록일 20 . Sept . 2015

이 름 NAME	JENNIFER KNUDSEN	생년월일 BIRSDAY	8.15.72	성 별 SEX	F
주 소 ADDRESS	P.O. Box 206 Centralia, WA 98531				
연락처 CONTACT	전화 PHONE 360.402.4717		이메일 E-mail	jknudsen2@hotmail.com	
세 례 BAPTISM	☐ 유아세례 ☒ 세례(침례) ☐ 입 교				
기 타 etc.					

(14)

교인등록카드

등록일 20 . Oct . 2015

이 름 NAME	Lydia Knudsen	생년월일 BIRSDAY	8-5-1998	성 별 SEX	F
주 소 ADDRESS	P.O. BOX 206 Centralia, WA 98531				
연락처 CONTACT	전화 PHONE 360-688-0838		이메일 E-mail	Lydia.Knudsen.2@gmail.com	
세 례 BAPTISM	☐ 유아세례 ☒ 세례(침례) ☐ 입 교				
기 타 etc.					

(15)

교인등록카드

등록일 2016. 1. 3.

이 름 NAME	김 원진	생년월일 BIRSDAY	7. 17. 1980	성 별 SEX	01
주 소 ADDRESS	9116 Kelly CT NE Lacey WA 98516				
연락처 CONTACT	전화 Cellphone 360-350-6749 PHONE 360-923-9303	이메일 E-mail	jenny01213 2@gmail.com		
세 례 BAPTISM	☐ 유아세례 ☑ 세례(침례) ☐ 입 교				
기 타 etc.					

---

(16)

교인등록카드

등록일 2016. 2. 7.

이 름 NAME	Kim Yoon Young	생년월일 BIRSDAY	93.01.14	성 별 SEX	male.
주 소 ADDRESS	경기도 부천시 원미구 중동 932-1				
연락처 CONTACT	전화 PHONE 360-525-0606	이메일 E-mail	kyy01114@hanmail.net		
세 례 BAPTISM	☐ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

17

교인등록카드

등록일 2016. 7. 3.

이 름 NAME	송인순 IN SUN SONG	생년월일 BIRSDAY	12/26/1933	성 별 SEX	F
주 소 ADDRESS	3415 12th Ave NE, Apt #302 Olympia WA 98506				
연락처 CONTACT	전화 PHONE (360) 438-3332		이메일 E-mail		
세 례 BAPTISM	☐ 유아세례 ☐ 세례(침례) ☐ 입 교				
기 타 etc.					

Kurios Church of the Christian & Missionary Alliance

Business License

STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 299 476
Business ID #: 1
Location: 1

Domestic Nonprofit Corporation

KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE
1807 9TH AVE SW
OLYMPIA WA 98502 5162

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Due to technical difficulties some search results may not be current or reflect the most recent filing. We are hoping to have this corrected shortly.

KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

UBI Number	603299476
Category	REG
Profit/Nonprofit	Nonprofit
Active/Inactive	Active
State Of Incorporation	WA
WA Filing Date	05/06/2013
Expiration Date	05/31/2017
Inactive Date	
Duration	Perpetual
Registered Agent Information	
Agent Name	Song Birck
Address	2847 JORGENSON RD NE
City	OLYMPIA
State	WA
ZIP	98516
Special Address Information	
Address	
City	
State	
Zip	

Governing Persons

Title	Name	Address
Director	BIRCK, SONG	2847 JORGENSON RD NE OLYMPIA, WA 98516
Director	LEE, YEONG OCK	3415 12TH AVE NE APT 112 OLYMPIA, WA 98506
Director	KANG, KYUNG SOOK	2010 ASHWOOD DOWNS LN SE #C121 OLYMPIA, WA 98501
President	Birck, Song	2847 Jorgenson Rd NE OLYMPIA, WA 98516
Secretary	Kang, Kyungsook	2010 Ashwood Downs Ln SE #C-121 OLYMPIA, WA 98501

Kurios Church of the Christian & Missionary Alliance

Certificate of Incorporation

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated below.

Date: 5/6/2013

UBI Number: 603-299-476

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 5/7/2013

Kurios Church of the Christian & Missionary Alliance

FEIN Confirmation

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-10-2013

Employer Identification Number:
46-2749472

Form: SS-4

Number of this notice: CP 575 A

KURIOS CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE
PO BOX 8021
OLYMPIA, WA 98509

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2749472. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2013
Form 940	01/31/2014
Form 1120	03/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is KURI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 05-10-2013 KURI B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 05-10-2013
EMPLOYER IDENTIFICATION NUMBER: 46-2749472
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

KURIOS CHURCH OF THE CHRISTIAN AND
MISSIONARY ALLIANCE
PO BOX 8021
OLYMPIA, WA 98509

Kurios Church of the Christian & Missionary Alliance

Washington Secretary of State
Nonprofit Corporation Annual Report
May 5, 2014

Washington Secretary of State
KIM WYMAN

James M. Dolliver Building
801 Capitol Way South
PO Box 40234
Olympia WA 98504-0234
360.725.0377

Nonprofit Corporation Annual Report

Form Submission Information

Business Name KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

UBI 603299476

Transaction Submitted Date 5/5/2014

Tracking ID 2753824

Validation ID 2651863-001

Document Type Annual Report

Corporation Type Non-Profit Corporation

Date of Incorporation 5/6/2013

Fee $10.00

Place of Business Address 1807 9th Ave SW
OLYMPIA, WA 98502

Registered Agent Information

Name Song Birck

Address 2847 JORGENSON RD NE
OLYMPIA , WA 98516

Email songbirck@hotmail.com

Mailing Address
WA

Governing Person Information

Name Director SONG BIRCK

Address 2847 JORGENSON RD NE
OLYMPIA, WA 98516

Name Director YEONG LEE

Address 3415 12TH AVE NE APT 112
OLYMPIA, WA 98506

Name Director KYUNG KANG

Address 2010 ASHWOOD DOWNS LNSE #C121
OLYMPIA, WA 98501

Name President Song Birck

Address 2847 Jorgenson Rd NE
Olympia, WA 98516

Name Secretary Kyungsook Kang

Address 2010 Ashwood Downs Ln SE, APT C-121
Olympia, WA 98501

Purpose

Religious

Signed By

Name President Song Birck

Address 2847 Jorgenson Rd NE
Olympia, WA 98516

Submitter Name

Submitter Email

Cost

Kurios Church of the Christian & Missionary Alliance

Washington Secretary of State
Nonprofit Corporation Amended Annual Report
April 27, 2016

Washington Secretary of State
KIM WYMAN

James M. Dolliver Building
801 Capitol Way South
PO Box 40234
Olympia WA 98504-0234
360.725.0377

Nonprofit Corporation Amended Annual Report

Form Submission Information

Business Name KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

UBI 603299476

Transaction Submitted Date 4/27/2016

Tracking ID 3233473

Validation ID 3164861-001

Document Type Amended Annual Report

Corporation Type Non-Profit Corporation

Date of Incorporation 5/6/2013

Fee $10.00

Place of Business Address 1807 9th Ave SW
OLYMPIA, WA 98502

Registered Agent Information

Name Song Birck

Address 2847 JORGENSON RD NE
OLYMPIA, WA 98516

Email songbirck@hotmail.com

Mailing Address
WA

Governing Person Information

Name Director SONG BIRCK

Address 2847 JORGENSON RD NE
OLYMPIA, WA 98516

Name Director YEONG LEE

Address 3415 12TH AVE NE APT 112
OLYMPIA, WA 98506

Name Director KYUNG KANG

Address 2010 ASHWOOD DOWNS LN SE
#C121
OLYMPIA, WA 98501

Name President Song Birck

Address 2847 Jorgenson Rd NE
OLYMPIA, WA 98516

Name Secretary Kyungsook Kang

Address 2010 Ashwood Downs Ln SE
#C-121
OLYMPIA, WA 98501

Purpose

Religious

Signed By

Name President Song Birck

Address 2847 Jorgenson Rd NE
OLYMPIA, WA 98516

Submitter Name

Submitter Email

Kurios Church of the Christian & Missionary Alliance

Articles of Incorporation
Filed May 6, 2013

FILED
SECRETARY OF STATE
MAY 6, 2013
STATE OF WASHINGTON

603 299 476

05/06/13 2410952-001
$80.00 K
dd: 2529168

ARTICLES OF INCORPORATION

OF

KURIOS CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE

The undersigned, in order to form a nonprofit corporation under the Washington Nonprofit Corporation Act, Chapter 24.03 of the Revised Code of Washington, hereby executes the following Articles of Incorporation:

ARTICLE I.
NAME

The name of the corporation is Kurios Church of The Christian and Missionary Alliance (referred to herein as the "Church").

ARTICLE II.
PURPOSES, ECCLESIASTICAL AUTHORITY AND POWERS

Section 2.1 Purposes and Ecclesiastical Authority. The Church is organized and shall be operated exclusively as a member church of The Christian and Missionary Alliance, a church denomination which operates legally as a Colorado nonprofit corporation (the "C&MA"). Accordingly, the Church shall operate solely under the ecclesiastical authority of, and be subject to the usages, doctrines and teachings of, the C&MA as set forth in The Manual of The Christian and Missionary Alliance, as such manual may be amended from time to time by the C&MA (the "Manual"). Without limiting the foregoing, the purposes of the corporation shall include promulgating such doctrines and teachings, preaching the Gospel to every creature, edifying the Christians through the education of God's word, promoting spiritual fellowship among God's people on the basis of the biblical faith, and promoting religious activities and to further other religious, educational, and charitable work to that end. In addition, this corporation shall be organized and operated exclusively for religious purposes within the meaning of section 501(c)(3) of the Internal Revenue Code.

Section 2.2 Powers. In furtherance of the foregoing purposes and objectives (but not otherwise) and subject to the restrictions set forth herein, the corporation shall have and may exercise all of the powers now or hereafter conferred upon nonprofit corporations organized under the laws of the State and may do everything necessary or convenient for the accomplishment of any of the corporate purposes, either alone or in connection with other organizations, entities or individuals, and either as principal or agent, subject to such limitations as are or may be prescribed by law. Subject to any limitations in the bylaws of the Church, the Church may acquire, own, dispose of, improve, encumber, and convey property, real and personal, for the Church's purposes, in conformity with the laws of the state where the property is situated.

Section 2.3 Restrictions On Powers.

(a) No part of the net earnings of the Church shall inure to the benefit of or be distributable to any director or officer of the Church or any other individual (except that reasonable compensation may be paid for services rendered to or for the benefit of the Church affecting one or more of its purposes), and no director or officer of the Church or any other individual shall be entitled to share in any distribution of any of the corporate assets on dissolution of the Church or otherwise.

(b) No substantial part of the activities of the Church shall consist of carrying on propaganda or otherwise attempting to influence legislation. However, if the Church is an organization to which section 501(h) of the Internal Revenue Code applies and the Church has effectively elected to have such section apply, the Church shall have power to carry on the activities permitted by such section, but only to the extent such activities shall not result in the denial of exemption under such section. When required by law, the Church shall not participate or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

(c) The Church shall hold all of its real and personal property in trust for the District and the C&MA. All of the Church's real and personal property shall be subject to the applicable property reversion provisions in the Manual.

(d) Upon dissolution of the Church, or upon the Church's termination as a member church of The Christian and Missionary Alliance, all of the Church's assets remaining after payment of or provision for all of its liabilities shall be paid over or transferred to one or more organizations described in section 501(c)(3) of the Internal Revenue Code, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code. The District shall have first priority to receive all such assets, and the C&MA shall have second priority. If neither the District nor the C&MA are eligible to receive all such assets, then the board of directors shall determine the recipient organizations and their respective shares and interests.

(e) Notwithstanding any other provision of these articles of incorporation, the Church shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code and if at any time the Church is a "private foundation" as defined in section 509(a) of the Internal Revenue Code, then during such period of time:

(1) The Church shall not engage in any act of "self-dealing," as defined in section 4941(d) of the Internal Revenue Code, so as to give rise to any liability for the tax imposed by section 4941 of the Internal Revenue Code;

(2) The Church shall make distributions for each taxable year at such time and in such manner so as not to become subject to the tax imposed by section 4942 of the Internal Revenue Code;

(3) The Church shall not retain any "excess business holdings," as defined in section 4943(c) of the Internal Revenue Code, so as to give rise to any liability for the tax imposed by section 4943 of the Internal Revenue Code;

(4) The Church shall not make any investments that would jeopardize the carrying out of any of the exempt purposes of the Church, within the meaning of section 4944 of the Internal Revenue Code, so as to give rise to any liability for the tax imposed by section 4944 of the Internal Revenue Code; and

(5) The Church shall not make any "taxable expenditure," as defined in section 4945(d) of the Internal Revenue Code, so as to give rise to any liability for the tax imposed by section 4945 of the Internal Revenue Code.

(f) All references in these articles of incorporation to provisions of the Internal Revenue Code are to the provisions of the Internal Revenue Code of 1986, as amended, and to the corresponding provisions of any subsequent federal tax laws.

ARTICLE III.
MEMBERS

Section 3.1 Types of Members. The Church shall have an Ecclesiastical Member and Congregational Members. The Ecclesiastical Member shall be the district of the C&MA having jurisdiction over the Church, as such district may be determined from time to time by the C&MA (the "District"). Subject to the rights granted to the Ecclesiastical Member in these articles of incorporation, the qualifications, rights and manner of admission for the Congregational Members shall be as set forth in the bylaws.

Section 3.2 Exercise of Ecclesiastical Authority. The ecclesiastical authority of the C&MA over the Church shall be exercised through the District. Without limiting the foregoing, the District shall at all times have the authority in accordance with the Manual or, as appropriate, the Policies and Procedures Manual of the National Office to classify (or reclassify) the Church as either a "Developing Church" or an "Accredited Church."

ARTICLE IV.
BOARD OF DIRECTORS

Section 4.1 General. The management of the affairs of the Church shall be vested in a board of directors, which shall be equivalent to the "governance authority" described in the Manual, except as otherwise provided under applicable law, these articles of incorporation or the bylaws of the Church. The number of directors, their classifications, if any, and their terms of office shall be as provided from time to time in the bylaws.

Section 4.2 Election and Removal of the Board of Directors. At any time in which the Church is classified by the District as a "Developing Church," the Ecclesiastical Member shall have the sole authority to elect and remove all members of the board of directors of the Church. At any time in which the Church is classified by the District as an "Accredited

#219[illegible]

Ch[illegible] members of the board of directors of the Church shall be elected and removed in acc[illegible]e with the bylaws of the Church.

Section 4.3 Initial Director(s). The number of Directors constituting the initial Bo[illegible] Directors shall be three (3) directors. The name and address of the person who shall ser[illegible] the initial Director are as follows:

Name	Address
Son[illegible]ek	2847 Jorgenson Rd. NE Olympia WA 98516
Yee[illegible] Lee	3415 12th Ave. NE, Apt #112 Olympia WA 98506
K[illegible] Kang	2010 Ashwood Downs Ln SE Apt #C-121, Olympia WA 98501

Section 4.4 Liability of Directors. No director shall be personally liable to the Church for monetary damages for breach of fiduciary duty as a director, except that this [illegible] shall not eliminate or limit liability of a director to the Church for monetary damages for [illegible] arising: (a) any breach of the director's duty of loyalty to the Church, (b) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (c) acts or omissions or which liability cannot be limited under applicable law, or (d) any transaction from which the director directly or indirectly derived an improper personal benefit. If [illegible] of the State hereafter are amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director of the Church, in addition to the limitation on personal liability provided herein, shall be further eliminated or limited to the fullest extent permitted by applicable law. Any repeal or modification of this section shall be prospective only and shall not adversely affect any right or protection of a director of the Church existing at the time of such repeal or modification.

ARTICLE V.
BYLAWS

Section 5.1 Scope. The bylaws adopted by the Church shall include all provisions of the Manual applicable to member churches of the C&MA and may contain additional provisions for the managing and regulating of the affairs of the Church that are consistent with law, these articles of incorporation and the Manual. The District shall have the sole authority to determine any inconsistency between the bylaws and the Manual.

Section 5.2 Adoption and Amendments. At any time in which the Church is classified by the District as a "Developing Church," the Ecclesiastical Member shall have the sole authority to adopt and amend the bylaws. At any time in which the Church is classified by the District as an "Accredited Church," the bylaws may be amended in accordance with the by[illegible]

ARTICLE VI.
AMENDMENTS

The board of directors shall have the power and authority to amend these articles of inc[illegible] to the extent provided under the laws of the State, provided that no such ame[illegible] shall be effective unless approved in writing by the District.

ARTICLE VII.
MISCELLANEOUS STATE LAW PROVISIONS

Section 7.1 Governing Law. The Church is organized under the Washington Non[illegible]orporation Act, Chapter 24.03 of the Revised Code of Washington.

Section 7.2 Voting Members. The Church shall have voting members. The votin[illegible]s of each such voting member shall be limited to those rights expressly granted to such [illegible] articles of incorporation or in the bylaws of the Church.

Section 7.3 Principal Office. The address of the initial principal office of the Chu[illegible]rgenson Rd NE Olympia WA 98516.

Section 7.4 Registered Office and Agent. The street address of the initial regist[illegible]ffice of the Church is 2847 Jorgenson Rd. NE Olympia WA 98516. The name of the Chur[illegible]tial registered agent at the initial registered office is Song Birck.

Section 7.5 Duration. The Church shall have unlimited duration.

Section 7.6 Certification. The name and mailing address of the incorporator is: Son[illegible]847 Jorgenson Rd. NE Olympia WA 98516.

DATE: May 2, 2013

Song Birck, Incorporator

#2192[illegible]

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, Song Birck, hereby consent to serve as registered agent in the State of Washington for the following corporation: Kurios Church of the Christian and Missionary Alliance. I understand that as agent for the corporation, it will be my responsibility to accept Service of Process in the name of the corporation, to forward all mail and license renewals to the appropriate officer(s) of the corporation, and to immediately notify the Office of the Secretary of State of my resignation or of any changes in the address of the registered office of the corporation for which I am agent.

Dated: 4/2, 2013.

Song Birck
(Signature)

Song Birck
(Type or print name of agent)

2847 Jorgenson Rd NE
(Street address of registered office)

Olympia, WA 98516
(City, state and zip code)

#219539

Kurios Church of the Christian & Missionary Alliance

Christian & Missionary Alliance
Exemption Inclusion

THEALLIANCE

The Christian and
Missionary Alliance
8595 Explorer Drive
Colorado Springs, CO
80920

(719) 599-5999
info@cmalliance.org
www.cmalliance.org

February 9, 2016

78-53-023

Kurios Church of The Christian and Missionary Alliance
PO Box 8021
Olympia, WA 98509

RE: Group Exemption Inclusion
Your Federal Employer Identification No. (EIN) 46-2749472

Dear Pastor,

Congratulations! We now have all of the information we need to add your Church to our Group Exemption with the Internal Revenue Service (IRS). Your church is now included in the Exempt Group of The Christian and Missionary Alliance and qualifies as a federal tax exempt organization under Section 501(c)(3) of the Internal Revenue Code

Since the C&MA submits annual reports to the IRS in March of each year, your church will not be officially listed with the IRS until after next March. If we receive any communication from the IRS related to your church, we will notify you.

Enclosed are copies of:

Two IRS determination letters dated January 10, 1992, determining the parent's exempt status and extending the exempt status to our districts and local churches.

An IRS letter dated April 27, 1993, advising the C&MA that our Group Exemption Number is 2284 and confirming the merger of two EINs for the parent into one.

In addition, The Christian and Missionary Alliance (as parent of the group) is listed in the current edition of IRS Publication 78, Cumulative List of Organizations, as revised. (See www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check and search for [using the following exact spelling by IRS]: Christian & Missionary Alliance, Colorado Spgs, CO.)

This letter and the enclosed documents should be maintained in your permanent records. You may make copies of this complete set of letters when requesting mail permits, state and local sales tax exemptions, etc. You are not permitted to use these letters for any purpose other than to maintain your federal tax-exempt status.

Please notify us immediately if you change the name and/or address of your church so our records will be current and your exemption will not lapse. You must also send us a copy of

any amendments that are made to the church Constitution, Charter or Articles of Incorporation. Failure to comply may result in loss of your church tax-exempt status.

Please feel free to contact me or my assistant at 719-265-2005 or closes@cmalliance.org if you have any questions.

Warmly,

Gary D. Friesen
General Counsel/Assistant Corporate Secretary

gdf/smc
Enclosures

cc: Korean District

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

RECEIVED

JAN 14 1992

HOLME ROBERTS & OWEN

Date: JAN 10 1992

THE CHRISTIAN AND MISSIONARY
ALLIANCE OF COLORADO
C/O JOHN R WYLIE
90 SOUTH CASCADE AVE STE 1300
COLORADO SPRINGS, CO 80903

Employer Identification Number:
84-1175729
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-3526
Accounting Period Ending:
December 31
Form 990 Required:
No
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not

necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary O, Booth

Gary O. Booth
District Director

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

RECEIVED

JAN 14 1992

HOLME ROBERTS & OWEN

Date: JAN 10 1992

THE CHRISTIAN AND MISSIONARY
ALLIANCE OF COLORADO
C/O JOHN R WYLIE
90 SOUTH CASCADE AVE STE 1300
COLORADO SPRINGS, CO 80903

Employer Identification Number:
84-1175729
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-3526

Addendum Applies:
No

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from Federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from Federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates are not required to file Form 990, Return of Organization Exempt From Income Tax, if they qualify as churches or integrated auxiliaries of churches or otherwise meet the exceptions in section 1.6033-2(g) of the Income Tax Regulations.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for social security (FICA) taxes for each employee to whom the subordinate paid $100 or more during a calendar year. This does not apply, however, to any subordinate

that makes or has made a timely election under section 3121(w) of the Code to be exempt from such tax. Your subordinates are not liable for tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;

2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
   a. Changed names or address;
   b. Were deleted from your roster; or
   c. Were added to your roster.

3. For subordinates to be added, attach:
   a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given you written authorization to add its name to the roster;
   c. A list of those to which the Service previously issued exemption rulings or determination letters;
   d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
   e. The street address of each subordinate whose mailing address is a P.O. Box; and
   f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption roster did not change since your previous report.

The above information should be sent, "Attention: Entity Control Unit," to the following address:

Internal Revenue Service Center
3651 S. Interregional Highway
Stop 6181 AUSC
Austin, Texas 78740

The service center that processes your returns will send you a Group Exemption Number. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary O. Booth

Gary O. Booth
District Director

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

Person to Contact:
Theodore Bozovich
Telephone Number:
(202) 622-8106
Refer Reply to:
E:SDA
Date:
APR 27 1993

Mr. Gaines
Holme Roberts & Owen
Suite 1300
90 South Cascade Ave.
Colorado Springs, Colorado 80903

Re: The Christian and Missionary Alliance Merger

Dear Mr. Gaines:

This confirms our previous conversation concerning the subject organization merger and the Service's confirmation of the following matters: (1) the transfer of EIN and GEN exemption numbers from The Christian and Missionary Alliance, a New York religious corporation ("Old CMA"), to The Christian and Missionary Alliance of Colorado, a Colorado nonprofit corporation ("New CMA"), and (2) the change in New CMA's name from "The Christian and Missionary Alliance of Colorado" to "The Christian and Missionary Alliance."

Our computer records have been updated to reflect the employer identification number (EIN) 13-1623940 and group exemption number (GEN) 2284 for Old CMA has now been transferred to New CMA as a result of the completion of the merger. EIN 84-11755729 and GEN 7153 previously assigned to New CMA has been cancelled per your request. Accordingly, New CMA should continue to use the tax identification numbers previously assigned to Old CMA.

In addition, based on Amended and Restated Articles of Incorporation, we have changed our computer records reflecting changing its name from The Christian and Missionary Alliance of Colorado to "The Christian and Missionary Alliance." This confirms that New CMA's individual and group tax exemptions continue after the official name change.

We hope this information will be helpful to you. If you have any questions regarding this matter, please refer them to the person whose name appears in the heading of this letter.

Sincerely yours,

Theodore Bozovich

Theodore Bozovich
Senior Program Analyst
Office of Systems Development
and Administration - Employee
Plans and Exempt Organizations

Kurios Church of the Christian & Missionary Alliance

Form 941 – Employer's Quarterly
Federal Tax Return – 2013

Form **941 for 2013: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2013) Department of the Treasury — Internal Revenue Service

950113
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia WA 98509
City State ZIP code

Report for this Quarter of 2013 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	4500 . 00
3	Income tax withheld from wages, tips, and other compensation	3	0 .
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	4500 . 00	× .124 =	558 . 00
5b	Taxable social security tips	.	× .124 =	.
5c	Taxable Medicare wages & tips	4500 . 00	× .029 =	130 . 50
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× .009 =	.

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	688 . 50
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	6	688 . 50
7	Current quarter's adjustment for fractions of cents	7	.
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	688 . 50
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	0 .
12a	COBRA premium assistance payments (see instructions)	12a	.
12b	Number of individuals provided COBRA premium assistance		
13	Add lines 11 and 12a	13	.
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	688 . 50
15	Overpayment. If line 13 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.		

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

950213

Name *(not your trade name)* | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 .

Month 2 .

Month 3 .

Total liability for quarter . **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

18 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: (360) 789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under "Tools." You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

✂ ▼ **Detach Here and Mail With Your Payment and Form 941.** ▼ ✂

Form 941-V
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2013

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 688 Cents: 50

3 Tax Period

○	1st Quarter	◉	3rd Quarter
○	2nd Quarter	○	4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can email us at *taxforms@irs.gov*. Enter "Form 941" on the subject line. Or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2013: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2013) Department of the Treasury — Internal Revenue Service

950113
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia WA 98509
City State ZIP code

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Report for this Quarter of 2013 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) — 1: 1

2 Wages, tips, and other compensation — 2: 5250.00

3 Income tax withheld from wages, tips, and other compensation — 3: 0.

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

		Column 1		Column 2
5a	Taxable social security wages	5250.00	× .124 =	651.00
5b	Taxable social security tips		× .124 =	
5c	Taxable Medicare wages & tips	5250.00	× .029 =	152.25
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e Add Column 2 from lines 5a, 5b, 5c, and 5d — 5e: 803.25

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) — 5f:

6 Total taxes before adjustments (add lines 3, 5e, and 5f) — 6: 803.25

7 Current quarter's adjustment for fractions of cents — 7:

8 Current quarter's adjustment for sick pay — 8:

9 Current quarter's adjustments for tips and group-term life insurance — 9:

10 Total taxes after adjustments. Combine lines 6 through 9 — 10: 803.25

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter — 11: 0.

12a COBRA premium assistance payments (see instructions) — 12a:

12b Number of individuals provided COBRA premium assistance

13 Add lines 11 and 12a — 13:

14 Balance due. If line 10 is more than line 13, enter the difference and see instructions — 14: 803.25

15 Overpayment. If line 13 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.

► **You MUST complete both pages of Form 941 and SIGN it.**

Next ►

Name (not your trade name) | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 **Check one:** [X] **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[ ] **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 .

Month 2 .

Month 3 .

Total liability for quarter . **Total must equal line 10.**

[ ] **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 **If your business has closed or you stopped paying wages** . . . . . [ ] Check here, and enter the final date you paid wages / / .

18 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: (360) 789-9086

Paid Preparer Use Only

Check if you are self-employed . . . [ ]

Preparer's name | PTIN

Preparer's signature | Date / /

Firm's name (or yours if self-employed) | EIN

Address | Phone

City | State | ZIP code

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under "Tools." You may also apply for an EIN by calling 1-800-829-4933, or you can fax or mail Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form 941-V
Department of the Treasury
Internal Revenue Service

Payment Voucher
▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029
2013

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 803 Cents: 25

3 Tax Period

○ 1st Quarter	○ 3rd Quarter
○ 2nd Quarter	◉ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can email us at *taxforms@irs.gov*. Enter "Form 941" on the subject line. Or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Kurios Church of the Christian & Missionary Alliance

Form 941 – Employer's Quarterly
Federal Tax Return – 2014

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2014 (Check one.)

- [X] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) 1

2 Wages, tips, and other compensation 2 4,800.00

3 Federal income tax withheld from wages, tips, and other compensation 3 0.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax [ ] Check and go to line 6.

		Column 1		Column 2
5a	Taxable social security wages . .	4,800.00	× .124 =	595.20
5b	Taxable social security tips . . .		× .124 =	
5c	Taxable Medicare wages & tips. .	4,800.00	× .029 =	139.20
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 734.40

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . 5f

6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 734.40

7 Current quarter's adjustment for fractions of cents 7

8 Current quarter's adjustment for sick pay 8

9 Current quarter's adjustments for tips and group-term life insurance 9

10 Total taxes after adjustments. Combine lines 6 through 9 . . . . . 10 734.40

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter 11

12 Balance due. If line 10 is more than line 11, enter the difference and see instructions . . . 12 734.40

13 Overpayment. If line 11 is more than line 10, enter the difference . Check one: [ ] Apply to next return. [ ] Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 .

Month 2 .

Month 3 .

Total liability for quarter . **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under *Tools*. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2014

1 Enter your employer identification number (EIN).	2 **Enter the amount of your payment.** ▶ Make your check or money order payable to "United States Treasury"	Dollars	Cents

3 Tax Period

○	1st Quarter	○	3rd Quarter
○	2nd Quarter	○	4th Quarter

4 Enter your business name (individual name if sole proprietor).

Enter your address.

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Comment on Tax Forms and Publications.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2014
(Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	
2	Wages, tips, and other compensation	2	5,600 . 00
3	Federal income tax withheld from wages, tips, and other compensation	3	0 . 00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	5,600 . 00	× .124 =	694 . 40
5b	Taxable social security tips	.	× .124 =	.
5c	Taxable Medicare wages & tips.	5,600 . 00	× .029 =	162 . 40
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× .009 =	.

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	856 . 80
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	856 . 80
7	Current quarter's adjustment for fractions of cents	7	.
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	856 . 80
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	.
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	856 . 80
13	Overpayment. If line 11 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.		

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under *Tools*. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2014

1 Enter your employer identification number (EIN).

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"

Dollars	Cents
856	80

3 Tax Period

- ○ 1st Quarter
- ○ 3rd Quarter
- ◉ 2nd Quarter
- ○ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Comment on Tax Forms and Publications*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2014 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 **Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)** 1

2 **Wages, tips, and other compensation** 2 4,800.00

3 **Federal income tax withheld from wages, tips, and other compensation** 3 0.00

4 **If no wages, tips, and other compensation are subject to social security or Medicare tax** ☐ **Check and go to line 6.**

		Column 1		Column 2
5a	**Taxable social security wages** . .	4,800.00	× .124 =	595.20
5b	**Taxable social security tips** . . .		× .124 =	
5c	**Taxable Medicare wages & tips.** .	4,800.00	× .029 =	139.20
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× .009 =	

5e **Add Column 2 from lines 5a, 5b, 5c, and 5d** 5e 734.40

5f **Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions) . . 5f

6 **Total taxes before adjustments.** Add lines 3, 5e, and 5f 6 734.40

7 **Current quarter's adjustment for fractions of cents** 7

8 **Current quarter's adjustment for sick pay** 8

9 **Current quarter's adjustments for tips and group-term life insurance** 9

10 **Total taxes after adjustments.** Combine lines 6 through 9 . . . . . 10 734.40

11 **Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter** 11

12 **Balance due.** If line 10 is more than line 11, enter the difference and see instructions . . . 12 734.40

13 **Overpayment.** If line 11 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under *Tools*. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2014

1 Enter your employer identification number (EIN).

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"

Dollars	Cents
734	40

3 Tax Period

○ 1st Quarter	◉ 3rd Quarter
○ 2nd Quarter	○ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of C&MA

Enter your address.
P.O Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509-8021

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Comment on Tax Forms and Publications.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2014 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4) . . . 1

2 Wages, tips, and other compensation . . . 2 5,600.00

3 Federal income tax withheld from wages, tips, and other compensation . . . 3 0.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

		Column 1		Column 2
5a	Taxable social security wages . .	5,600.00	× .124 =	694.40
5b	Taxable social security tips . . .		× .124 =	
5c	Taxable Medicare wages & tips. .	5,600.00	× .029 =	162.40
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . 5e 856.80

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . 5f

6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 856.80

7 Current quarter's adjustment for fractions of cents . . . 7

8 Current quarter's adjustment for sick pay . . . 8

9 Current quarter's adjustments for tips and group-term life insurance . . . 9

10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10 856.80

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter . . . 11

12 Balance due. If line 10 is more than line 11, enter the difference and see instructions . . . 12 856.80

13 Overpayment. If line 11 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and click on the *Apply for an EIN Online* link under *Tools*. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2014

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 856 Cents: 80

3 Tax Period

- ○ 1st Quarter
- ○ 2nd Quarter
- ○ 3rd Quarter
- ◉ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Comment on Tax Forms and Publications*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Kurios Church of the Christian & Missionary Alliance

Form 941 – Employer's Quarterly
Federal Tax Return – 2015

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2015 (Check one.)

- [X] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	4,800.00
3	Federal income tax withheld from wages, tips, and other compensation	3	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax — [ ] Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	4,800.00	× .124 =	595.20
5b	Taxable social security tips		× .124 =	
5c	Taxable Medicare wages & tips.	4,800.00	× .029 =	139.20
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	734.40
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	734.40
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	734.40
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	734.40
13	Overpayment. If line 11 is more than line 10, enter the difference		Check one: [ ] Apply to next return. [ ] Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages ___/___/___.

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number _____ _____

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here** _____ Print your name here Song Birck

Print your title here President

Date ___/___/___ Best daytime phone 360-789-9086

Paid Preparer Use Only Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	___/___/___
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2015

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 734 Cents: 40

3 Tax Period

(●) 1st Quarter	( ) 3rd Quarter
( ) 2nd Quarter	( ) 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2015 (Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	5,600.00
3	Federal income tax withheld from wages, tips, and other compensation	3	.
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	5,600.00	× .124 =	694.40
5b	Taxable social security tips	.	× .124 =	.
5c	Taxable Medicare wages & tips.	5,600.00	× .029 =	162.40
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× .009 =	.

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	856.80
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	856.80
7	Current quarter's adjustment for fractions of cents	7	.
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	856.80
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	.
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	856.80
13	Overpayment. If line 11 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.		

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

✂ ▼ **Detach Here and Mail With Your Payment and Form 941.** ▼ ✂

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2015

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"

Dollars	Cents
856	80

3 Tax Period

○	1st Quarter	○	3rd Quarter
◉	2nd Quarter	○	4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2015 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	4,800.00
3	Federal income tax withheld from wages, tips, and other compensation	3	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	4,800.00	× .124 =	595.20
5b	Taxable social security tips		× .124 =	
5c	Taxable Medicare wages & tips	4,800.00	× .029 =	139.20
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	734.40
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	734.40
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	734.40
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	734.40
13	Overpayment. If line 11 is more than line 10, enter the difference		Check one: ☐ Apply to next return. ☐ Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2015

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 734 Cents: 40

3 Tax Period

○	1st Quarter	◉	3rd Quarter
○	2nd Quarter	○	4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2015: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2015) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

Olympia | WA | 98509
City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

Report for this Quarter of 2015 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941*.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	6,400.00
3	Federal income tax withheld from wages, tips, and other compensation	3	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	6,400.00	× .124 =	793.60
5b	Taxable social security tips		× .124 =	
5c	Taxable Medicare wages & tips	6,400.00	× .029 =	185.60
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	979.20
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	979.20
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	979.20
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	979.20
13	Overpayment. If line 11 is more than line 10, enter the difference		Check one: ☐ Apply to next return. ☐ Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name)	Employer identification number (EIN)
Kurios Church of the Christian and Missionary Alliance	46-2749472

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: 360-789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V, Payment Voucher, if you are making a payment with Form 941, Employer's QUARTERLY Federal Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you did not incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return, or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 (Circular E) for deposit instructions. Do not use Form 941-V to make federal tax deposits.

Caution. *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15 (Circular E).*

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. If you have not received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to the "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Do not send cash. Do not staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note. You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Do not staple this voucher or your payment to Form 941.**

OMB No. 1545-0029
2015

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"
Dollars: 979 Cents: 20

3 Tax Period

○ 1st Quarter	○ 3rd Quarter
○ 2nd Quarter	◉ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Kurios Church of the Christian & Missionary Alliance

Form 941 – Employer's Quarterly
Federal Tax Return – 2016

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2016) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

City State ZIP code

Olympia WA 98509
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016 (Check one.)

- [X] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941*.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	6000.00
3	Federal income tax withheld from wages, tips, and other compensation	3	0.
4	If no wages, tips, and other compensation are subject to social security or Medicare tax — [ ] Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	6000.00	× .124 =	744.00
5b	Taxable social security tips		× .124 =	
5c	Taxable Medicare wages & tips.	6000.00	× .029 =	174.
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× .009 =	

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	918.00
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	918.00
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	918.00
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	918.00
13	Overpayment. If line 11 is more than line 10, enter the difference		Check one: [ ] Apply to next return. [ ] Send a refund.

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name) | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: (360) 789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V if you are making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you didn't incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return; or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

CAUTION *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15.*

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Don't staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2016

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to **"United States Treasury"**
Dollars: 918 Cents: 00

3 Tax Period

◉ 1st Quarter	○ 3rd Quarter
○ 2nd Quarter	○ 4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia, WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You aren't required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2016) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) 46-2749472

Name *(not your trade name)* Kurios Church of the Christian and Missionary Alliance

Trade name *(if any)*

Address P.O. Box 8021
Number Street Suite or room number

City State ZIP code

Olympia WA 98509
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2016
(Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Instructions and prior year forms are available at *www.irs.gov/form941.*

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	7000 . 00
3	Federal income tax withheld from wages, tips, and other compensation	3	0 .
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	7000 . 00	× .124 =	868 . 00
5b	Taxable social security tips	.	× .124 =	.
5c	Taxable Medicare wages & tips.	7000 . 00	× .029 =	203 . 00
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× .009 =	.

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1071 . 00
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	1071 . 00
7	Current quarter's adjustment for fractions of cents	7	.
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	1071 . 00
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	11	.
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	1071 . 00
13	Overpayment. If line 11 is more than line 10, enter the difference . Check one: ☐ Apply to next return. ☐ Send a refund.		

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▶

Name (not your trade name) | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

14 **Check one:** ☒ **Line 10 on this return is less than $2,500 or line 10 on the return for the prior quarter was less than $2,500, and you did not incur a $100,000 next-day deposit obligation during the current quarter.** If line 10 for the prior quarter was less than $2,500 but line 10 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 10.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / .

16 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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 taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here: Song Birck

Print your title here: President

Date / /

Best daytime phone: (360) 789-9086

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V if you are making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if:**

- Your total taxes after adjustments for either the current quarter or the preceding quarter (Form 941, line 10) are less than $2,500, you didn't incur a $100,000 next-day deposit obligation during the current quarter, and you are paying in full with a timely filed return; or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be $2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

CAUTION *Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should have been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15.*

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online. Go to IRS.gov and type "EIN" in the search box. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form 941-V
Department of the Treasury
Internal Revenue Service

Payment Voucher
▶ **Don't staple this voucher or your payment to Form 941.**

OMB No. 1545-0029
2016

1 Enter your employer identification number (EIN).
46-2749472

2 **Enter the amount of your payment.** ▶
Make your check or money order payable to "United States Treasury"

Dollars	Cents
1071	00

3 Tax Period

○	1st Quarter	○	3rd Quarter
◉	2nd Quarter	○	4th Quarter

4 Enter your business name (individual name if sole proprietor).
Kurios Church of the Christian and Missionary Alliance

Enter your address.
P.O. Box 8021

Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.
Olympia, WA 98509

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You aren't required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . . . 11 hr.

Learning about the law or the form . . . . 47 min.

Preparing, copying, assembling, and sending the form to the IRS . . . . . 1 hr.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs*. Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't** send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Kurios Church of the Christian & Missionary Alliance

Washington State Department of Labor & Industries
Quarterly Reports – 2013, 2014 & 2015

Washington State Department of
Labor & Industries

QuickFile > **Quarterly Report List**

273,136-00 : KURIOS CHURCH OF THE C&MA

Quarterly
Report
List

Reports to be Filed

Quarter	Due Date	Days Left to File Without Penalty	Status

Note: Reports are considered to be overdue after the filing due date.

Filing History

NOTE: Information displayed may not be your most currently submitted information. Please allow the department time to process your information.

Quarter	Date Filed	Filing Method	Type	Views	Actions
Q2-2016	07-17-2016	QuickFile	Original	Please login to the Claim and Account center to view filed reports	
Q1-2016	04-21-2016	QuickFile	Original		
Q4-2015	01-29-2016	QuickFile	Original		
Q3-2015	10-19-2015	QuickFile	Original		
Q2-2015	07-22-2015	QuickFile	Original		
Q1-2015	04-26-2015	QuickFile	Original		
Q4-2014	01-19-2015	QuickFile	Original		
Q3-2014	10-24-2014	QuickFile	Original		
Q2-2014	07-30-2014	QuickFile	Original		
Q1-2014	05-05-2014	QuickFile	Original		
Q4-2013	01-21-2014	QuickFile	Original		
Q3-2013	11-28-2013	DeluxeFile	Actual		

This screen normally displays 18 months of data. For access to archived data, please contact your Account Manager.

- Signup for Quarterly Reporting e-mail reminders
- Quarterly Report Due Dates
- How does L&I calculate penalties and interest on overdue filings?
- Need to delete your Quarterly Report?

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Washington State Department of
Labor & Industries

Submit Date: 11/28/2013
Confirmation Number: 2674614

Late Report

3rd Quarter: July 1, 2013 - September 30, 2013

Due Date: 11/28/2013

KURIOS CHURCH OF THE CHRISTIAN
PO BOX 8021
OLYMPIA, WA 98509-8021

Account Manager: DAN STRATE 360-902-4635

WA UBI: 603 299 476
L&I Account ID: 273,136-00
Phone Number: 360-789-9086 Ext. 0

Class Code	Nature of Work	Gross Payroll (Nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
6103-04	Churches - Clergy/Admin/Cl	4500	240	0.2760	$66.24
6104-04	Churches All Other Employees	0	0	0.9621	$0.00
		Total of Premiums			**$66.24**
		Penalty			**$10.00**
		Interest			**$0.66**
		Amount Due			**$76.90**

An estimated amount due is displayed and is NOT your final balance. You will be notified if final adjustments made to your account result in a credit or additional amount due.

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$76.90
Scheduled Payment Date:	11/28/2013

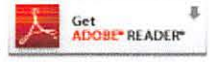
Washington State Department of
Labor & Industries

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q4/2013 Quarterly Report Confirmation Page

Confirmation #:	2757875
Received on:	1/21/2014 8:43:56 PM
Submitted by:	Song Birck
Account ID:	273,136-00
Account Manager:	DAN STRATE 360-902-4635

- Printer Friendly Report
- Get Adobe Reader® to view in .PDF format --------> 

Washington State Department of Labor & Industries

Submit Date: 1/21/2014
Confirmation Number: 2757875

Quarterly Report

4th Quarter: October 1, 2013 - December 31, 2013 **Due Date:** 1/31/2014

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$5,250.00	280	0.2760	$77.28
6104-04	Churches All Other Employees	$0.00	0	0.9621	$0.00
		Total of Premiums			**$77.28**
		Previous Balance			**$-10.66**
		Grand Total			**$66.62**

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	

Payment Amount:	BusinessChecking
Scheduled Payment Date:	$66.62
	1/21/2014

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center

- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pay my state taxes

Employment Security - Electronically file and pay my taxes

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Washington State Department of
Labor & Industries

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q1/2014 Quarterly Report Confirmation Page

Confirmation #:	**2979556**
Received on:	**5/5/2014 11:55:01 AM**
Submitted by:	**Song Birck**
Account ID:	**273,136-00**
Account Manager:	**DAN STRATE 360-902-4635**

- Printer Friendly Report
- **Get Adobe Reader® to view in .PDF format -------->**

Washington State Department of
Labor & Industries

Submit Date: 5/5/2014
Confirmation Number: 2979556

Quarterly Report

1st Quarter:
January 1, 2014 - March 31, 2014

Due Date: 4/30/2014

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: DAN STRATE 360-902-4635

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$4,800.00	240	0.2897	$69.53
6104-04	Churches All Other Employees	$0.00	0	1.0433	$0.00
		Total of Premiums			**$69.53**
		Penalty Due			**$10.00**
		Interest Due			**$0.70**

Amount Due	**$80.23**
Previous Balance	**$0.00**
Grand Total	**$80.23**

An amount due is displayed. However, the actual amount due may be adjusted due to other account balance information the department has on record.

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$80.23
Scheduled Payment Date:	5/5/2014

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center
- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pa my state taxes

Employment Security - Electronically file and pay my taxes

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Access Washington® Official State Government Web Site

Washington State Department of
Labor & Industries

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q2/2014 Quarterly Report Confirmation Page

Confirmation #:	**3123341**
Received on:	**7/30/2014 9:10:25 PM**
Submitted by:	**Song Birck**
Account ID:	**273,136-00**
Account Manager:	**CHRISTOPHER WASSON 360-902-6331**

- Printer Friendly Report
- **Get Adobe Reader® to view in .PDF format -------->**

Washington State Department of
Labor & Industries

Submit Date: 7/30/2014
Confirmation Number: 3123341

Quarterly Report

2nd Quarter:
April 1, 2014 - June 30, 2014

Due Date: 7/31/2014

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: CHRISTOPHER WASSON 360-902-6331

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$5,600.00	280	0.2897	$81.12
6104-04	Churches All Other Employees	$0.00	0	1.0433	$0.00
		Total of Premiums			**$81.12**
		Previous Balance			**$0.00**
		Grand Total			**$81.12**

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$81.12
Scheduled Payment Date:	7/30/2014

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center
- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pay my state taxes

Employment Security - Electronically file and pay my taxes

Access Washington® Official State Government Web Site

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Access Washington®
Official State Government Web Site

Washington State Department of
Labor & Industries

Submit Date: 10/24/2014
Confirmation Number: 3249780

Quarterly Report

3rd Quarter: July 1, 2014 - September 30, 2014 **Due Date:** 10/31/2014

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$4,800.00	240	0.2897	$69.53
6104-04	Churches All Other Employees	$0.00	0	1.0433	$0.00
		Total of Premiums			**$69.53**
		Previous Balance			**$0.00**
		Grand Total			**$69.53**

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$69.53
Scheduled Payment Date:	10/24/2014

Washington State Department of Labor & Industries

Submit Date: 1/19/2015
Confirmation Number: 3386807

Quarterly Report

4th Quarter: October 1, 2014 - December 31, 2014 **Due Date:** 1/31/2015

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$5,600.00	280	0.2897	$81.12
6104-04	Churches All Other Employees	$0.00	0	1.0433	$0.00
		Total of Premiums			**$81.12**
		Previous Balance			**$0.00**
		Grand Total			**$81.12**

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$81.12
Scheduled Payment Date:	1/19/2015

Washington State Department of
Labor & Industries

Submit Date: 10/24/2014
Confirmation Number: 3249780

Quarterly Report

3rd Quarter: July 1, 2014 - September 30, 2014 **Due Date:** 10/31/2014

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/CI	$4,800.00	240	0.2897	$69.53
6104-04	Churches All Other Employees	$0.00	0	1.0433	$0.00
		Total of Premiums			**$69.53**
		Previous Balance			**$0.00**
		Grand Total			**$69.53**

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$69.53
Scheduled Payment Date:	10/24/2014

Washington State Department of Labor & Industries

QuickFile > Quarterly Report List > File a Report > Confirmation

File a Report | Quarterly Report List

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q2/2015 Quarterly Report Confirmation Page

Confirmation #:	3742156
Received on:	7/22/2015
Submitted by:	Song Birck
Account ID:	273,136-00
Account Manager:	REAGAN MOREY 360-902-5135

- Printer Friendly Report
- Adobe® PDF Format

Washington State Department of Labor & Industries

Submit Date: 7/22/2015
Confirmation Number: 3742156

Quarterly Report

2nd Quarter: April 1, 2015 - June 30, 2015 **Due Date:** 7/31/2015

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$5,600.00	280	0.2987	$83.64
6104-04	Churches All Other Employees	$0.00	0	1.1423	$0.00
	Total of Premiums				**$83.64**

Previous Balance	$0.00
Grand Total	$83.64

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$83.64
Scheduled Payment Date:	7/22/2015

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center

- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pay my state taxes

Employment Security - Electronically file and pay my taxes

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Washington State Department of Labor & Industries

QuickFile > Quarterly Report List > File a Report > Confirmation

File a Report | Quarterly Report List

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q3/2015 Quarterly Report Confirmation Page

Confirmation #:	3894115
Received on:	10/19/2015
Submitted by:	Song Birck
Account ID:	273,136-00
Account Manager:	REAGAN MOREY 360-902-5135

- Printer Friendly Report
- Adobe® PDF Format

Washington State Department of Labor & Industries

Submit Date: 10/19/2015
Confirmation Number: 3894115

Quarterly Report

3rd Quarter: July 1, 2015 - September 30, 2015 Due Date: 11/2/2015

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$4,800.00	240	0.2987	$71.69
6104-04	Churches All Other Employees	$0.00	0	1.1423	$0.00
	Total of Premiums				$71.69

Previous Balance	$0.00
Grand Total	$71.69

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$71.69
Scheduled Payment Date:	10/19/2015

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center

- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pay my state taxes

Employment Security - Electronically file and pay my taxes

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Washington State Department of Labor & Industries

QuickFile > Quarterly Report List > File a Report > Confirmation

File a Report | Quarterly Report List

You have successfully submitted your report.

- Print this page for your records.
- Adobe® PDF Format

KURIOS CHURCH OF THE C&MA - Q4/2015 Quarterly Report Confirmation Page

Confirmation #:	4137024
Received on:	1/29/2016
Submitted by:	Song Birck
Account ID:	273,136-00
Account Manager:	REAGAN MOREY 360-902-5135

- Printer Friendly Report
- Adobe® PDF Format

Washington State Department of Labor & Industries

Submit Date: 1/29/2016
Confirmation Number: 4137024

Quarterly Report

4th Quarter: October 1, 2015 - December 31, 2015 Due Date: 2/1/2016

KURIOS CHURCH OF THE C&MA
PO BOX 8021
OLYMPIA, WA 98509-8021

WA UBI:
603 299 476
L&I Account ID:
273,136-00
Phone Number:
360-789-9086 Ext. 0

Account Manager: REAGAN MOREY 360-902-5135

Class	Nature of Work	Payroll	Hours	Rate	Amount
6103-04	Churches - Clergy/Admin/Cl	$6,400.00	320	0.2987	$95.58
6104-04	Churches All Other Employees	$0.00	0	1.1423	$0.00
	Total of Premiums				$95.58

Previous Balance	$0.00
Grand Total	$95.58

Preparer's Information

Preparer:	Song Birck
DayTime Phone:	360-789-9086
Email:	songbirck@hotmail.com

Payment Information

Method of Payment:	EFT
Bank routing information:	125000105
Bank account information:	XXXXXXXXXXX8771
Bank account Type:	BusinessChecking
Payment Amount:	$95.58
Scheduled Payment Date:	1/29/2016

What do you want to do next?

- File another Quarterly Report with QuickFile
- Sign up for Quarterly Reporting e-mail reminders
- Instructions on deleting a Quarterly Report

Did You Know?

- You can manage your LNI account by registering to use the Claim & Account Center

- Go to LNI Home

Still need to file and pay your taxes with other agencies?

Department of Revenue - Electronically file and pay my state taxes

Employment Security - Electronically file and pay my taxes

© Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington.

Kurios Church of the Christian & Missionary Alliance

Bank Statements - 2013

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
May 10, 2013
through
May 31, 2013

000065760 1 SP 106481145945960 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on May 10		$	0.00
Customer Deposits	1		2,128.00
Other Withdrawals	1		70.16-
Ending Balance on May 31, 2013		**$**	**2,057.84**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*
	May 10	9797528133	2,128.00
		Total Customer Deposits	**$ 2,128.00**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*	*Amount*
May 15	Electronic Withdrawal	From DLX For Business		$ 70.16-
	REF=13134013767375 Y	1411877307BUS PROD 02027635664128		
			Total Other Withdrawals	**$ 70.16-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*
May 10	2,128.00	May 15	2,057.84

Balances only appear for days reflecting change.

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Jun 3, 2013
through
Jun 30, 2013

000066057 1 SP 106481181454172 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

INFORMATION YOU SHOULD KNOW

Effective August 10, 2013, changes are being made to Overdraft Items Paid or Returned (NSF) fees on Small Business checking accounts. U.S. Bank will charge $15 for each overdraft item (paid or returned) that is $15.00 or less. U.S. Bank will charge $36 for each overdraft item (paid or returned) that is $15.01 or more. Daily maximums will remain at a maximum of 6 overdraft items paid and 6 overdraft items returned.

Effective August 12, 2013, we will no longer require you to have a U.S. Bank Visa® Check Card to maintain your Silver Business Checking account. The balance requirements will remain the same as will your account number(s).

In addition, some of the benefits associated with Business Packages are changing. Please contact your local branch or call the Business Service Center at 800-673-3555 with any questions or for more information about these changes. We sincerely thank you for your business.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jun 3		$	2,057.84
Customer Deposits	2		1,915.00
Checks Paid	2		742.62-
Ending Balance on Jun 30, 2013		**$**	**3,230.22**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Jun 5	9793583630	812.00		Jun 18	9792615691	1,103.00
						Total Customer Deposits	**$ 1,915.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1001	Jun 17	9390505531	50.00	1002	Jun 17	9790869783	692.62
						Conventional Checks Paid (2)	**$ 742.62-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 5	2,869.84	Jun 17	2,127.22	Jun 18	3,230.22

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: May 2013

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

Business Statement
Account Number:
1 535 6561 8771

Statement Period:
Jun 3, 2013
through
Jun 30, 2013

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	4		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jul 1, 2013
through
Jul 31, 2013

000065947 1 SP 106481224747614 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank
24-Hour Business Solutions: 1-800-673-3555
Telecommunications Device for the Deaf: 1-800-685-5065
Internet: usbank.com

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jul 1		$	3,230.22
Customer Deposits	3		1,870.00
Checks Paid	5		2,307.36-
Ending Balance on Jul 31, 2013		**$**	**2,792.86**

Customer Deposits

Number	Date	Ref Number	Amount
	Jul 2	9792437587	550.00
	Jul 15	9798396041	1,150.00
	Jul 31	9791363663	170.00
		Total Customer Deposits	**$ 1,870.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount
1003	Jul 1	9790552470	692.62
1004	Jul 17	9396533071	229.50
1005	Jul 15	9798396040	629.62
1006	Jul 17	9792962345	63.00
1007	Jul 29	9796885594	692.62
		Conventional Checks Paid (5)	**$ 2,307.36-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jul 1	2,537.60	Jul 15	3,607.98	Jul 29	2,622.86
Jul 2	3,087.60	Jul 17	3,315.48	Jul 31	2,792.86

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: June 2013

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	7		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

BALANCE YOUR ACCOUNT
To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Aug 1, 2013
through
Aug 31, 2013

000068053 1 SP 106481260199404 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

At U.S. Bank, protecting your accounts is our highest priority. We have many safeguards in place to help ensure your accounts are secure. One of these is to close long-term inactive cards. Therefore, if your U.S. Bank Business Visa Debit or ATM Card has not been used within the last 18 months (3/1/12 - 8/31/13), it will be closed beginning 9/16/13. Please call us with any questions at 800-673-3555.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Aug 1		$	2,792.86
Customer Deposits	2		1,010.00
Checks Paid	3		1,535.24-
Ending Balance on Aug 31, 2013		**$**	**2,267.62**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Aug 13	9798499325	485.00		Aug 26	9795270381	525.00
				Total Customer Deposits			**$ 1,010.00**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1008	Aug 15	9792546340	692.62	1010	Aug 26	9394682689	150.00
1009	Aug 26	9795270380	692.62				
				Conventional Checks Paid (3)			**$ 1,535.24-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Aug 13	3,277.86	Aug 15	2,585.24	Aug 26	2,267.62

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: July 2013

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	10		No Charge

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771 (continued)

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Sep 3, 2013
through
Sep 30, 2013

000066725 1 SP 106481295973729 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

DepositPoint is now even more convenient! The cut-off time for deposits made with DepositPoint has been extended from 6:00 pm CST to 9:00 pm CST. Under normal circumstances, the first $200 from the total of all other deposits made on that day will usually be available for withdrawal immediately after the deposit is approved for processing and the rest of the funds will usually be available the next business day when you deposit the check by 9:00 pm CST. Refer to the "Your Deposit Account Agreement" for specific funds availability terms.

The personal package checking benefit associated with your Silver Business Package is a 50% discount on a personal Gold Package Checking monthly maintenance fee. Please see your banker if you have any additional questions on this benefit. Refer to the Consumer Pricing Information brochure for details on personal Package Checking accounts.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Sep 3		$	2,267.62
Customer Deposits	4		8,985.00
Card Withdrawals	6		1,099.26-
Checks Paid	6		2,628.17-
Ending Balance on Sep 30, 2013		**$**	**7,525.19**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Sep 3	9795639273	493.00		Sep 19	9798207298	7,258.00
	Sep 9	9794586822	576.00		Sep 23	9793318941	658.00

Total Customer Deposits **$ 8,985.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Sep 4	Debit Purchase CASHNCARRY548 52 **********7932	On 090313 OLYMPIA WA REF # 24164073246929120014793	6929120014	$	41.03-
Sep 4	Debit Purchase 342325 **********7932	SHIN SHIN ENTERP TACOMA WA On 090413 ILK1TERM REF 324717342325	2509041258		246.15-
Sep 9	Debit Purchase 999468 **********7932	THE HOME DEPOT 4 OLYMPIA WA On 090713 ILNKILNK REF 325017999468	6809071246		125.12-
Sep 19	ATM Withdrawal **********7932	US BANK LACEY LACEY WA Serial No. 008140164107SUS4T058			100.00-
Sep 26	Debit Purchase CCI SOLUTIONS **********7932	On 092413 800-426-8664 WA REF # 24493983268401092499787	8401092499		199.60-

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association
Account Number 1-535-6561-8771

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*	*Amount*
Sep 27	Debit Purchase CCI SOLUTIONS **********7932	On 092513 800-426-8664 WA REF # 24493983269401092599783	9401092599	387.36-

Card 7932 Withdrawals Subtotal	**$ 1,099.26-**
Total Card Withdrawals	**$ 1,099.26-**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1011	Sep 9	9794586821	547.25	1014	Sep 23	9793318946	692.62
1012	Sep 9	9794586820	692.62	1015	Sep 30	9392419538	150.00
1013	Sep 18	9797065661	445.68	1016	Sep 30	9392419539	100.00

Conventional Checks Paid (6) **$ 2,628.17-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Sep 3	2,760.62	Sep 18	1,238.77	Sep 26	8,162.55
Sep 4	2,473.44	Sep 19	8,396.77	Sep 27	7,775.19
Sep 9	1,684.45	Sep 23	8,362.15	Sep 30	7,525.19

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: August 2013

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	7		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Oct 1, 2013
through
Oct 31, 2013

000067569 1 SP 106481332159814 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Oct 1		$	7,525.19
Customer Deposits	2		2,179.00
Card Withdrawals	3		379.81-
Other Withdrawals	3		123.76-
Checks Paid	5		2,413.99-
Ending Balance on Oct 31, 2013		**$**	**6,786.63**

Customer Deposits

Number	Date	Ref Number	Amount
	Oct 7	9792802598	1,577.00
	Oct 21	9791343220	602.00
		Total Customer Deposits	**$ 2,179.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Oct 2	Debit Purchase EXPEDIA*Expedia. **********7932	On 100113 877-787-7186 NV REF # 24692163274000039147507	4000039147	$	23.77-
Oct 2	Debit Purchase AMERICAN AI 0017 **********7932	On 093013 ATLANTA GA REF # 24717053274872743654802	4872743654		327.80-
Oct 15	Debit Purchase OFFICE DEPOT #91 **********7932	On 101113 LACEY WA REF # 24445743285100563889510	5100563889		28.24-
		Card 7932 Withdrawals Subtotal		**$**	**379.81-**
		Total Card Withdrawals		**$**	**379.81-**

Other Withdrawals

Date	Description of Transaction		Ref Number		Amount
Oct 1	Customer Withdrawal		9794156589	$	100.00-
Oct 3	Electronic Withdrawal REF=13275016162051 N	To WA ST DEPT REV 9000000000BUSLICFEE 000000004620524			19.00-
Oct 15	Analysis Service Charge		1500000000		4.76-
		Total Other Withdrawals		**$**	**123.76-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1017	Oct 3	9096769966	150.00	1020	Oct 18	8896370925	190.25
1018	Oct 7	9792802602	692.62	1021	Oct 21	9791343219	692.62
1019	Oct 16	9395588571	688.50				

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The **"INTEREST CHARGE"** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association
Account Number 1-535-6561-8771

Checks Presented Conventionally (continued)

Conventional Checks Paid (5)	**$**	**2,413.99-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Oct 1	7,425.19	Oct 7	7,789.00	Oct 18	6,877.25
Oct 2	7,073.62	Oct 15	7,756.00	Oct 21	6,786.63
Oct 3	6,904.62	Oct 16	7,067.50		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2013

Account Number:	1-535-6561-8771	$	4.76
Analysis Service Charge assessed to	1-535-6561-8771	$	4.76

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	32		No Charge
Subtotal: Depository Services			0.00
Branch Coin/Currency Services			
Cash Deposited-per $100			
First	25		
Next	34	0.14000	4.76
Total	59		4.76
Subtotal: Branch Coin/Currency Services			4.76
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 4.76

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Nov 1, 2013
through
Nov 30, 2013

000069048 1 SP 106481367689289 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2014. You can view revised pricing (only those prices that changed) at https://www2.usbank.com/tmpricing beginning December 1, 2013. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: F1-1333-F822-2A6C

INFORMATION YOU SHOULD KNOW

New Terms & Conditions effective January 2, 2014
New Terms & Conditions will be in effect for U.S. Bank business customers beginning January 2, 2014. You can view the new Terms & Conditions at usbank.com/tmtermsandconditions, using the access code: terms2013. If you are unable to access this information for any reason, please contact your Branch Banker, Relationship Manager, Treasury Management Consultant or Commercial Customer Service team for assistance. Note: U.S. Bank will never request sensitive information such as user names, passwords or payment security codes. Please do not respond to communications requesting sensitive information. If you suspect your computer has been compromised, contact Customer Service immediately.

Starting January 1, 2014, the price of overdraft protection via a U.S. Bank deposit account will be $10.00 per covered item.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Nov 1		$	6,786.63
Customer Deposits	3		1,551.00
Card Withdrawals	2		545.64-
Checks Paid	6		2,579.51-
Ending Balance on Nov 30, 2013		**$**	**5,212.48**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Nov 4	9798610823	425.00		Nov 18	9797334293	694.00
	Nov 12	9790259074	432.00				

Total Customer Deposits **$ 1,551.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction			Ref Number		Amount
Nov 12	Debit Purchase 419363 **********7932	COSTCO WHSE #074 LACEY	WA	6311091539	$	541.62-
		On 110913 ILNKILNK REF 331316419363				

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*	*Amount*
Nov 18	Debit Purchase 005083 **********7932	USPS 5461510674 OLYMPIA WA On 111513 NYC1TERM REF 331900005083	8311151613	4.02-

Card 7932 Withdrawals Subtotal	$	**545.64-**
Total Card Withdrawals	$	**545.64-**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1022	Nov 4	9798610822	692.62	1025	Nov 21	9393303154	500.00
1023	Nov 4	9798610820	44.27	1026	Nov 21	9393303155	500.00
1024	Nov 25	9393931414	150.00	1027	Nov 18	9797334292	692.62

Conventional Checks Paid (6)	$	**2,579.51-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Nov 4	6,474.74	Nov 18	6,362.48	Nov 25	5,212.48
Nov 12	6,365.12	Nov 21	5,362.48		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: October 2013

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	14		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Dec 2, 2013
through
Dec 31, 2013

000070004 1 SP 106481407409910 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

NEWS FOR YOU

Whether you're just starting out, ready for an upgrade, or looking to make sure you meet the new ACA compliance requirements, ADP can take on the administrative burden of your payroll so you can get back to running your business. Receive up to a $400 credit when you sign up for payroll processing by December 31, 2013. To learn more, talk to your business banker, visit www.usbank.com/ADP, or call 877-743-5726 Option 7. Restrictions apply. Please see full terms and conditions.

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2014. You can view revised pricing (only those prices that changed) at https://www2.usbank.com/tmpricing beginning December 1, 2013. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: F1-1333-F822-2A6C

At U.S. Bank, protecting your accounts is our highest priority. We have many safeguards in place to help ensure your accounts are secure. One of these is to close long-term inactive cards. Therefore, if your U.S. Bank Business Visa Debit or ATM Card has not been used within the last 18 months, it will be closed. Please call us with any questions at 800-673-3555.

INFORMATION YOU SHOULD KNOW

New Terms & Conditions effective January 2, 2014
New Terms & Conditions will be in effect for U.S. Bank business customers beginning January 2, 2014. You can view the new Terms & Conditions at usbank.com/tmtermsandconditions, using the access code: terms2013. If you are unable to access this information for any reason, please contact your Branch Banker, Relationship Manager, Treasury Management Consultant or Commercial Customer Service team for assistance. Note: U.S. Bank will never request sensitive information such as user names, passwords or payment security codes. Please do not respond to communications requesting sensitive information. If you suspect your computer has been compromised, contact Customer Service immediately.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Dec 2		$	5,212.48
Customer Deposits	4		2,014.00
Card Withdrawals	2		52.98-
Other Withdrawals	1		76.90-
Checks Paid	5		2,418.11-
Ending Balance on Dec 31, 2013		**$**	**4,678.49**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Dec 2	9793074734	612.00		Dec 27	9797101250	196.00
	Dec 16	9793850410	617.00		Dec 31	9792590731	589.00

Total Customer Deposits **$ 2,014.00**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Dec 17	Debit Purchase - VISA AMAZON MKTPLACE **********7932	On 121613 AMZN.COM/BIL WA REF # 24692163350000039674952	0000039674	$	29.99-
Dec 18	Debit Purchase - VISA AMAZON MKTPLACE **********7932	On 121713 AMZN.COM/BIL WA REF # 24692163351000425099540	1000425099		22.99-
		Card 7932 Withdrawals Subtotal		**$**	**52.98-**
		Total Card Withdrawals		**$**	**52.98-**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Dec 3	Electronic Withdrawal REF=13336012636175 N	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-909498		$	76.90-
		Total Other Withdrawals		**$**	**76.90-**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1028	Dec 2	9793072414	692.62	1031	Dec 23	9390298216	150.00
1029	Dec 9	8991365429	190.25	1032	Dec 31	9792590730	692.62
1030	Dec 16	9793850409	692.62				
			Conventional Checks Paid (5)			**$**	**2,418.11-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Dec 2	5,131.86	Dec 16	4,789.09	Dec 23	4,586.11
Dec 3	5,054.96	Dec 17	4,759.10	Dec 27	4,782.11
Dec 9	4,864.71	Dec 18	4,736.11	Dec 31	4,678.49

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: November 2013

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	11		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

Kurios Church of the Christian & Missionary Alliance

Bank Statements - 2014

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jan 2, 2014
through
Jan 31, 2014

000070893 1 SP 106481448814743 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

New Terms & Conditions effective January 2, 2014
New Terms & Conditions will be in effect for U.S. Bank business customers beginning January 2, 2014. You can view the new Terms & Conditions at usbank.com/tmtermsandconditions, using the access code: terms2013. If you are unable to access this information for any reason, please contact your Branch Banker, Relationship Manager, Treasury Management Consultant or Commercial Customer Service team for assistance. Note: U.S. Bank will never request sensitive information such as user names, passwords or payment security codes. Please do not respond to communications requesting sensitive information. If you suspect your computer has been compromised, contact Customer Service immediately.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jan 2		$	4,678.49
Customer Deposits	4		1,881.00
Card Withdrawals	2		36.27-
Other Withdrawals	1		66.62-
Checks Paid	4		2,430.85-
Ending Balance on Jan 31, 2014		**$**	**4,025.75**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Jan 6	9798871804	666.00		Jan 27	9794320815	593.00
	Jan 13	9797905026	586.00		Jan 31	9790826222	36.00

Total Customer Deposits **$ 1,881.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Jan 21	Debit Purchase 289987 **********7932	H-MART LAKEWOOD WA On 011914 ILK1TERM REF 401922289987	8701192129	$	14.99-
Jan 27	Debit Purchase 458100 **********7932	COSTCO WHSE #074 LACEY WA On 012614 NYC3TERM REF 59458100			21.28-
		Card 7932 Withdrawals Subtotal		**$**	**36.27-**
		Total Card Withdrawals		**$**	**36.27-**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Jan 23	Electronic Withdrawal REF=14022014135853 N	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-949074		$	66.62-
		Total Other Withdrawals		**$**	**66.62-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1033	Jan 13	8051891794	150.00	1035	Jan 13	9797905025	738.80
1034	Jan 15	8650880818	803.25	1037*	Jan 27	9794320814	738.80

* Gap in check sequence

Conventional Checks Paid (4) **$ 2,430.85-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jan 6	5,344.49	Jan 21	4,223.45	Jan 27	3,989.75
Jan 13	5,041.69	Jan 23	4,156.83	Jan 31	4,025.75
Jan 15	4,238.44				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: December 2013

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	15		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Feb 3, 2014
through
Feb 28, 2014

000071382 1 SP 106481484009196 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Feb 3		$	4,025.75
Customer Deposits	2		1,276.00
Card Withdrawals	1		100.00-
Checks Paid	5		1,937.85-
Ending Balance on Feb 28, 2014		**$**	**3,263.90**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Feb 10	9792307588	679.00		Feb 24	9798144543	597.00

Total Customer Deposits $ 1,276.00

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Feb 24	ATM Withdrawal **********7932	US BANK LACEY LACEY WA Serial No. 000072135736SUS4T058		$	100.00-

Card 7932 Withdrawals Subtotal $ 100.00-

Total Card Withdrawals $ 100.00-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1036	Feb 4	8351953508	120.00	1040	Feb 24	9093888585	190.25
1038*	Feb 18	8352801015	150.00	1041	Feb 24	9798144547	738.80
1039	Feb 10	9792307587	738.80				

* Gap in check sequence

Conventional Checks Paid (5) $ 1,937.85-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 4	3,905.75	Feb 18	3,695.95	Feb 24	3,263.90
Feb 10	3,845.95				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: January 2014

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	11		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Mar 3, 2014
through
Mar 31, 2014

000070090 1 SP 106481520066638 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Mar 3		$	3,263.90
Customer Deposits	2		1,354.00
Card Withdrawals	2		37.24-
Checks Paid	4		1,747.60-
Ending Balance on Mar 31, 2014		**$**	**2,833.06**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Mar 10	9796877268	717.00		Mar 24	9794092246	637.00

Total Customer Deposits $ 1,354.00

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Mar 13	Debit Purchase 427285 **********7932	OFFICE MAX 1200 LACEY WA On 031314 ILNKILNK REF 407218427285	8503131351	$	10.65-
Mar 17	Debit Purchase - VISA CASHNCARRY548 52 **********7932	On 031414 OLYMPIA WA REF # 24164074073929110014916	3929110014		26.59-

Card 7932 Withdrawals Subtotal $ 37.24-

Total Card Withdrawals $ 37.24-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1042	Mar 17	8051552694	150.00	1044	Mar 28	9091239658	120.00
1043	Mar 10	9796877267	738.80	1045	Mar 24	9794092245	738.80

Conventional Checks Paid (4) $ 1,747.60-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 10	3,242.10	Mar 17	3,054.86	Mar 28	2,833.06
Mar 13	3,231.45	Mar 24	2,953.06		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: February 2014

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	9		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Apr 1, 2014
through
Apr 30, 2014

000070238 1 SP 106481556165907 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Apr 1		$	2,833.06
Customer Deposits	3		2,106.00
Checks Paid	5		2,442.00-
Ending Balance on Apr 30, 2014		**$**	**2,497.06**

Customer Deposits

Number	Date	Ref Number	Amount
	Apr 7	9792525931	717.00
	Apr 14	9790117500	641.00
	Apr 21	9790373752	748.00
		Total Customer Deposits	**$ 2,106.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount
1046	Apr 7	9792525935	738.80
1047	Apr 14	8051653062	150.00
1048	Apr 15	9095019142	80.00
1049	Apr 14	8051656400	734.40
1050	Apr 21	9790373751	738.80
		Conventional Checks Paid (5)	**$ 2,442.00-**

Balance Summary

Date	Ending Balance
Apr 7	2,811.26
Apr 14	2,567.86
Apr 15	2,487.86
Apr 21	2,497.06

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: March 2014

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	9		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
May 1, 2014
through
May 31, 2014

000071370 1 SP 106481591975656 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on May 1		$	2,497.06
Customer Deposits	2		1,384.00
Card Withdrawals	1		10.00-
Other Withdrawals	1		80.23-
Checks Paid	4		1,817.85-
Ending Balance on May 31, 2014		**$**	**1,972.98**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	May 6	9790006293	652.00		May 19	9795088020	732.00

Total Customer Deposits $ 1,384.00

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
May 7	Debit Purchase - VISA 0850 SECRETARY O **********7932	On 050614 360-7045238 WA REF # 24492804126118000184449	6118000184	$	10.00-

Card 7932 Withdrawals Subtotal $ 10.00-

Total Card Withdrawals $ 10.00-

Other Withdrawals

Date	Description of Transaction		Ref Number		Amount
May 6	Electronic Withdrawal REF=14125012873553 N	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-XXXXXX		$	80.23-

Total Other Withdrawals $ 80.23-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1051	May 6	9790006292	738.80	1053	May 19	9795088019	738.80
1052	May 12	8052055768	150.00	1054	May 23	9093630519	190.25

Conventional Checks Paid (4) $ 1,817.85-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 6	2,330.03	May 12	2,170.03	May 23	1,972.98
May 7	2,320.03	May 19	2,163.23		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: April 2014

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	11		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jun 2, 2014
through
Jun 30, 2014

000072501 1 SP 106481629540966 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

U.S. Bank and ADP Payroll are partnering to offer payroll solutions to meet the needs of your small business. ADP now offers a self-directed, do-it-yourself solution with payroll tax calculations, tax document preparation, and direct deposit so you can process payroll yourself. And, if your needs are more complex, ADP offers a full service payroll solution. To learn more, talk to your business banker, visit www.usbank.com/ADP, or call 877-743-5726 Option 7.

Service may be subject to credit approval. Other restrictions and fees may apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. Deposit products offered by U.S. Bank National Association. Member FDIC.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jun 2		$	1,972.98
Customer Deposits	4		2,213.00
Card Withdrawals	1		14.99-
Checks Paid	5		2,466.40-
Ending Balance on Jun 30, 2014		**$**	**1,704.59**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Jun 3	9793068481	754.00		Jun 16	9797787144	601.00
	Jun 9	9790706582	136.00		Jun 30	9791310414	722.00

Total Customer Deposits **$ 2,213.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Jun 13	Debit Purchase	H-MART LAKEWOOD WA	5706121815	$	14.99-
	002357	On 061214 ILNKILNK REF 416319002357			
	**********7932				

Card 7932 Withdrawals Subtotal **$ 14.99-**

Total Card Withdrawals **$ 14.99-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1055	Jun 3	9793068480	738.80	1059*	Jun 16	9797787142	738.80
1056	Jun 9	8051725199	150.00	1060	Jun 30	9791310413	738.80
1057	Jun 13	9098507542	100.00				

* Gap in check sequence

Conventional Checks Paid (5) **$ 2,466.40-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 3	1,988.18	Jun 9	1,974.18	Jun 13	1,859.19

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary (continued)

Date	Ending Balance	Date	Ending Balance
Jun 16	1,721.39	Jun 30	1,704.59

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: May 2014

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	10		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jul 1, 2014
through
Jul 31, 2014

000072628 1 SP 106481667652775 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Don't wait until your statement arrives to review your transactions, purchases and withdrawals. Get started with Online and Mobile Banking today.

Already have a User ID and Password?
You can log in to your account using the U.S. Bank Mobile App or at usbank.com using your computer, tablet or web-enabled smart phone.

Forgot your Password?
Just go to usbank.com and select the Login Assistance link and we'll help you reset your password.

Need a User ID and Password?
If you have an ATM or Check Card and your PIN, you can get started with Online and Mobile Banking right away. Just go to usbank.com or download the U.S. Bank Mobile app and follow the instructions provided.

Learn more about the features and benefits of Mobile Banking at usbank.com/mobile. Or log in to your account and begin exploring all of the great Mobile Banking resources that are right at your fingertips.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jul 1		$	1,704.59
Customer Deposits	3		2,106.00
Checks Paid	3		2,334.40-
Ending Balance on Jul 31, 2014		**$**	**1,476.19**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Jul 7	9797019673	633.00		Jul 28	9794862714	732.00
	Jul 14	9793586940	741.00				

Total Customer Deposits **$ 2,106.00**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1061	Jul 14	9793586944	738.80	1064	Jul 28	9794862718	738.80
1063*	Jul 18	9250795176	856.80				

* Gap in check sequence

Conventional Checks Paid (3) **$ 2,334.40-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Jul 7	2,337.59	Jul 18	1,482.99	Jul 28	1,476.19
Jul 14	2,339.79				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: June 2014

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	13		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Aug 1, 2014
through
Aug 31, 2014

000078022 1 SP 106481704608130 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Aug 1		$	1,476.19
Customer Deposits	3		1,582.00
Card Withdrawals	1		15.64-
Other Withdrawals	1		81.12-
Checks Paid	5		1,967.85-
Ending Balance on Aug 31, 2014		**$**	**993.58**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Aug 7	9794530462	104.00		Aug 25	9797895930	646.00
	Aug 18	9793479854	832.00				

Total Customer Deposits **$ 1,582.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Aug 19	Debit Purchase - VISA Amazon.com **********7932	On 081814 AMZN.COM/BIL WA REF # 24692164230000645206201	0000645206	$	15.64-

Card 7932 Withdrawals Subtotal **$ 15.64-**

Total Card Withdrawals **$ 15.64-**

Other Withdrawals

Date	Description of Transaction		Ref Number		Amount
Aug 1	Electronic Withdrawal REF=14212011730266 Y	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-XXXXXX		$	81.12-

Total Other Withdrawals **$ 81.12-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1062	Aug 4	8052648635	150.00	1067	Aug 25	9098747836	190.25
1065*	Aug 11	8053053538	150.00	1068	Aug 25	9797895929	738.80
1066	Aug 7	9794530461	738.80				

* Gap in check sequence

Conventional Checks Paid (5) **$ 1,967.85-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Aug 1	1,395.07	Aug 7	610.27	Aug 18	1,292.27
Aug 4	1,245.07	Aug 11	460.27	Aug 19	1,276.63

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary (continued)

Date	*Ending Balance*
Aug 25	993.58

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: July 2014

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	8		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Sep 2, 2014
through
Sep 30, 2014

000077161 1 SP 106481742984908 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Sep 2		$	993.58
Customer Deposits	4		2,741.00
Card Withdrawals	1		10.65-
Other Withdrawals	2		22.95-
Checks Paid	3		1,627.60-
Ending Balance on Sep 30, 2014		**$**	**2,073.38**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Sep 8	9791242129	947.00		Sep 22	9792749490	1,618.00
	Sep 15	9796462994	30.00		Sep 29	9797361375	146.00

Total Customer Deposits $ 2,741.00

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Sep 2	Debit Purchase	OFFICE MAX 1200 LACEY WA	2808301751	$	10.65-
	961428	On 083014 ILNKILNK REF 424222961428			
	**********7932				

Card 7932 Withdrawals Subtotal $ 10.65-

Total Card Withdrawals $ 10.65-

Other Withdrawals

Date	Description of Transaction	Ref Number		Amount
Sep 2	Check Printing Charge		$	12.95-
Sep 10	Deposited Item Returned	1000105175		10.00-

Total Other Withdrawals $ 22.95-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
0000	Sep 8	9791242128	738.80	1071	Sep 22	9792749489	738.80
1070*	Sep 15	8053291720	150.00				

* Gap in check sequence

Conventional Checks Paid (3) $ 1,627.60-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Sep 2	969.98	Sep 10	1,168.18	Sep 22	1,927.38
Sep 8	1,178.18	Sep 15	1,048.18	Sep 29	2,073.38

Balances only appear for days reflecting change.

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: August 2014

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	13		No Charge
Reject Checks Paid	2		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Oct 1, 2014
through
Oct 31, 2014

000078214 1 SP 106481783505045 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

We will be making an adjustment to the timing your balances are verified to waive the monthly maintenance fee. Currently, balances are verified 3 business days prior to the last day of your statement cycle. Effective November 9, 2014, balances will be verified 2 days prior to the last day of your statement cycle.

Effective November 9, 2014, the terms we use to describe our overdraft fees will be changing. The changes include: Overdraft Item Paid Fee will appear as Overdraft Paid Fee; Overdraft Item Returned (NSF) Fee will appear as Overdraft Returned Fee; and Extended Overdraft Charge will appear as Extended Overdraft Fee.
These changes will affect all references to the fees in the Business Pricing Information brochure, Your Deposit Account Agreement brochure, Overdraft Coverage Notice and Confirmation disclosure and account statement descriptions.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Oct 1		$	2,073.38
Customer Deposits	3		1,388.00
Other Deposits	3		1,292.00
Card Withdrawals	1		100.00-
Other Withdrawals	2		77.53-
Checks Paid	5		2,482.00-
Ending Balance on Oct 31, 2014		**$**	**2,093.85**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Oct 6	9793010415	986.00		Oct 21	9791669199	356.00
	Oct 15	9797577517	46.00				

Total Customer Deposits **$ 1,388.00**

Other Deposits

Date	*Description of Transaction*		*Ref Number*		*Amount*
Oct 6	Internet Banking Transfer	From Account 152029449591		$	552.00
Oct 20	Internet Banking Transfer	From Account 152029449591			370.00
Oct 30	Internet Banking Transfer	From Account 152029449591			370.00

Total Other Deposits **$ 1,292.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Oct 15	Debit Purchase - VISA NEW MAIN CHINESE **********7932	On 101414 LACEY WA REF # 24013394287001551174836	7001551174	$	100.00-

Card 7932 Withdrawals Subtotal **$ 100.00-**

Total Card Withdrawals **$ 100.00-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Other Withdrawals

Date	Description of Transaction		Ref Number		Amount
Oct 15	Analysis Service Charge		1500000000	$	8.00-
Oct 28	Electronic Withdrawal	From LABOR&INDUSTRIES			69.53-
	REF=14300013861251 Y	9ELFLNIP01L&I ELF 27313600-XXXXXX			
			Total Other Withdrawals	**$**	**77.53-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1072	Oct 6	9793010412	738.80	1075	Oct 21	9791669198	738.80
1073	Oct 15	8651382280	150.00	1077*	Oct 27	8052400745	734.40
1074	Oct 30	9090931595	120.00				

* Gap in check sequence

Conventional Checks Paid (5) **$ 2,482.00-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 6	2,872.58	Oct 21	2,647.78	Oct 28	1,843.85
Oct 15	2,660.58	Oct 27	1,913.38	Oct 30	2,093.85
Oct 20	3,030.58				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2014

Account Number:	1-535-6561-8771	$	8.00
Analysis Service Charge assessed to	1-535-6561-8771	$	8.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	12		No Charge
Returned Deposited Items	1	8.00000	8.00
Subtotal: Depository Services			8.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 8.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Nov 3, 2014
through
Nov 30, 2014

000078550 1 SP 106481821128238 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

NEWS FOR YOU

U.S. Bank and ADP Payroll partner to offer payroll solutions to meet the needs of your small business. ADP offers two cloud-based payroll solutions for U.S. Bank customers. Do-It-Yourself Payroll is a self-directed solution with payroll tax calculations, tax document preparation and direct deposit so you can process payroll yourself. And, if your needs are more complex, ADP offers a full service payroll solution that offers human resource tools and additional payroll capabilities. To learn more, talk to your business banker, visit www.usbank.com/ADP, or call 877-743-5726 Option 7.

Service is subject to credit approval. Other restrictions and fees may apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. Deposit products offered by U.S. Bank National Association. Member FDIC.

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2015. You can view revised pricing (only those prices that changed) at https://www2.usbank.com/tmpricing beginning December 1, 2014. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: D6-A89C-720B-2DD4

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Nov 3		$	2,093.85
Customer Deposits	4		4,324.00
Card Withdrawals	1		280.65-
Checks Paid	3		1,626.80-
Ending Balance on Nov 30, 2014		**$**	**4,510.40**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Nov 3	8056469027	242.00		Nov 10	8055424043	286.00
	Nov 7	9253539955	3,230.00		Nov 17	8056303208	566.00

Total Customer Deposits **$ 4,324.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Nov 14	Debit Purchase - VISA Amazon.com **********7932	On 111414 AMZN.COM/BIL WA REF # 24692164318000600613867	8000600613	$	280.65-

Card 7932 Withdrawals Subtotal **$ 280.65-**

Total Card Withdrawals **$ 280.65-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1078	Nov 3	8056469026	738.80	1079	Nov 10	8052897540	150.00

usbank.

BALANCE YOUR ACCOUNT
To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Checks Presented Conventionally (continued)

Check	Date	Ref Number	Amount
1080	Nov 17	8056303205	738.00

Conventional Checks Paid (3) **$ 1,626.80-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Nov 3	1,597.05	Nov 10	4,963.05	Nov 17	4,510.40
Nov 7	4,827.05	Nov 14	4,682.40		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: October 2014

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	12		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Dec 1, 2014
through
Dec 31, 2014

000081455 1 SP 106481868489111 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2015. You can view revised pricing (only those prices that changed) at https://www2.usbank.com/tmpricing beginning December 1, 2014. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: D6-A89C-720B-2DD4

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Dec 1		$	4,510.40
Customer Deposits	5		2,003.00
Other Deposits	2		470.00
Card Withdrawals	1		19.57-
Checks Paid	5		2,466.40-
Ending Balance on Dec 31, 2014		**$**	**4,497.43**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Dec 1	8056438498	382.00		Dec 26	9253566439	305.00
	Dec 15	8056374686	700.00		Dec 29	8056624389	516.00
	Dec 23	8351952127	100.00				

Total Customer Deposits **$ 2,003.00**

Other Deposits

Date	Description of Transaction		Ref Number	Amount
Dec 1	Internet Banking Transfer	From Account 152029449591		$ 100.00
Dec 1	Internet Banking Transfer	From Account 152029449591		370.00

Total Other Deposits **$ 470.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number	Amount
Dec 22	Debit Purchase 997269 **********7932	TRADER JOE'S #15 OLYMPIA WA On 122114 ILK1TERM REF 435521997269	6912212004	$ 19.57-

Card 7932 Withdrawals Subtotal **$ 19.57-**

Total Card Withdrawals **$ 19.57-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1081	Dec 1	8056438503	738.80	1082	Dec 15	8056374690	738.80

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Checks Presented Conventionally (continued)

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1083	Dec 22	8052601540	150.00	1085	Dec 29	8056624388	738.80
1084	Dec 29	8052721979	100.00				

Conventional Checks Paid (5) **$ 2,466.40-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Dec 1	4,623.60	Dec 22	4,415.23	Dec 26	4,820.23
Dec 15	4,584.80	Dec 23	4,515.23	Dec 29	4,497.43

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: November 2014

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	13		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

Kurios Church of the Christian & Missionary Alliance

Bank Statements - 2015

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Jan 2, 2015
through
Jan 31, 2015

000082971 1 SP 106481909368981 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2015. You can view revised pricing (only those prices that changed) at https://www2.usbank.com/tmpricing beginning December 1, 2014. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: D6-A89C-720B-2DD4

INFORMATION YOU SHOULD KNOW

Effective March 1, 2015, we will no longer offer American Express Travelers Cheques at our branch locations.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jan 2		$	4,497.43
Customer Deposits	4		2,132.00
Other Withdrawals	1		81.12-
Checks Paid	6		2,754.65-
Ending Balance on Jan 31, 2015		**$**	**3,793.66**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Jan 5	8057811356	803.00		Jan 20	8358653052	101.00
	Jan 12	8056936145	587.00		Jan 26	8056879005	641.00

Total Customer Deposits **$ 2,132.00**

Other Withdrawals

Date	Description of Transaction		Ref Number	Amount
Jan 21	Electronic Withdrawal	From LABOR&INDUSTRIES		$ 81.12-
	REF=15020016696871 Y	9ELFLNIP01L&I ELF 27313600-00R3Z1		

Total Other Withdrawals **$ 81.12-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1086	Jan 6	8353398381	210.25	1089	Jan 20	8354311166	856.80
1087	Jan 12	8053062366	150.00	1090	Jan 30	9251973570	60.00
1088	Jan 12	8056936149	738.80	1092*	Jan 26	8056879004	738.80

* Gap in check sequence

Conventional Checks Paid (6) **$ 2,754.65-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jan 5	5,300.43	Jan 12	4,788.38	Jan 21	3,951.46
Jan 6	5,090.18	Jan 20	4,032.58	Jan 26	3,853.66

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary (continued)

Date	*Ending Balance*
Jan 30	3,793.66

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: December 2014

	Account Number:	1-535-6561-8771	$ 0.00
	Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	13		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Feb 2, 2015
through
Feb 28, 2015

000083430 1 SP 106481945299019 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

INFORMATION YOU SHOULD KNOW

Effective March 1, 2015, we will no longer offer American Express Travelers Cheques at our branch locations.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Feb 2		$	3,793.66
Customer Deposits	4		2,339.00
Checks Paid	5		1,937.85-
Ending Balance on Feb 28, 2015		**$**	**4,194.81**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Feb 3	8355422413	89.00		Feb 18	8655294299	1,106.00
	Feb 9	8057396181	588.00		Feb 23	8056465512	556.00

Total Customer Deposits **$ 2,339.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1091	Feb 2	9096973358	120.00	1095	Feb 18	8653552210	190.25
1093*	Feb 9	8057396185	738.80	1096	Feb 23	8056465511	738.80
1094	Feb 17	8356588726	150.00				

* Gap in check sequence

Conventional Checks Paid (5) **$ 1,937.85-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 2	3,673.66	Feb 9	3,611.86	Feb 18	4,377.61
Feb 3	3,762.66	Feb 17	3,461.86	Feb 23	4,194.81

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: January 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	13		No Charge
Reject Checks Paid	1		No Charge

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771 (continued)

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

usbank.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Mar 2, 2015
through
Mar 31, 2015

000083398 1 SP 106481984363065 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Mar 2		$	4,194.81
Customer Deposits	5		1,761.00
Other Deposits	1		370.00
Card Withdrawals	1		11.73-
Checks Paid	3		1,627.60-
Ending Balance on Mar 31, 2015		**$**	**4,686.48**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Mar 2	8058066851	246.00		Mar 23	8057767980	536.00
	Mar 10	8355878960	151.00		Mar 30	8058215405	442.00
	Mar 16	8057558894	386.00				

Total Customer Deposits **$ 1,761.00**

Other Deposits

Date	Description of Transaction		Ref Number		Amount
Mar 9	Internet Banking Transfer	From Account 152029449591		$	370.00

Total Other Deposits **$ 370.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Mar 2	Debit Purchase - VISA OFFICE DEPOT #91 **********7932	On 022815 LACEY WA REF # 24445745060100551884107	0100551884	$	11.73-

Card 7932 Withdrawals Subtotal **$ 11.73-**

Total Card Withdrawals **$ 11.73-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1097	Mar 9	8053617858	150.00	1099	Mar 23	8057767979	738.80
1098	Mar 10	8355878963	738.80				

Conventional Checks Paid (3) **$ 1,627.60-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 2	4,429.08	Mar 10	4,061.28	Mar 23	4,244.48
Mar 9	4,649.08	Mar 16	4,447.28	Mar 30	4,686.48

Balances only appear for days reflecting change.

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: February 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	12		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

usbank.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Apr 1, 2015
through
Apr 30, 2015

000083645 1 SP 106481021807085 S
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Important changes are coming to your Online and Mobile Financial Services Agreement.
Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

Try Self-Service for Quick Solutions to Everyday Banking Needs

Did you know that Online Banking has Self-Service options that can save you time and a trip to the branch? You can use Self-Service to:

- Activate an ATM card or change your PIN
- Order checks
- Find past checks or deposits
- Request copies of statements
- And more!

Bank on your schedule. Choose "Self Service" from the "Customer Service" tab in Online Banking to get started.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Apr 1		$	4,686.48
Customer Deposits	2		1,540.00
Other Deposits	1		470.00
Card Withdrawals	2		45.55-
Other Withdrawals	1		71.69-
Checks Paid	7		3,380.80-
Ending Balance on Apr 30, 2015		**$**	**3,198.44**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Apr 6	8058776715	943.00		Apr 20	8059453840	597.00

Total Customer Deposits **$ 1,540.00**

Other Deposits

Date	*Description of Transaction*		*Ref Number*		*Amount*
Apr 6	Internet Banking Transfer	From Account 153560524735		$	470.00

Total Other Deposits **$ 470.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Apr 6	Debit Purchase 258300 **********7932	COSTCO WHSE #074 LACEY WA On 040315 NYC3TERM REF 65258300		$	32.60-

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association
Account Number 1-535-6561-8771

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number	Amount
Apr 23	Debit Purchase 808808 **********7932	SHIN SHIN ENTERP LAKEWOOD WA On 042215 NYC3TERM REF 511222808808	0804221527	12.95-

Card 7932 Withdrawals Subtotal $ **45.55-**

Total Card Withdrawals $ **45.55-**

Other Withdrawals

Date	Description of Transaction		Ref Number	Amount
Apr 29	Electronic Withdrawal REF=15118013530546 Y	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-00T68J		$ 71.69-

Total Other Withdrawals $ **71.69-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1100	Apr 10	9252711970	200.00	1104	Apr 20	8059453836	738.80
1101	Apr 6	8058776712	738.80	1106*	Apr 29	8652728338	734.40
1102	Apr 20	8054677262	150.00	1107	Apr 24	9255572514	738.80
1103	Apr 22	8654205807	80.00				

* Gap in check sequence

Conventional Checks Paid (7) $ **3,380.80-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 6	5,328.08	Apr 22	4,756.28	Apr 24	4,004.53
Apr 10	5,128.08	Apr 23	4,743.33	Apr 29	3,198.44
Apr 20	4,836.28				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: March 2015

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	11		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
May 1, 2015
through
May 31, 2015

000085211 1 SP 106481059010336 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Have you tried External Transfers yet?
Quickly and easily move funds between your U.S. Bank account and your accounts at other financial institutions. Use it to set up recurring transfers into your U.S. Bank Savings account, or schedule transfers in advance to boost your savings goals.
Get started today: In Online Banking, choose "Payments & Transfers", then "Transfers" then "External Transfers." Follow the instructions to link your U.S. Bank account to your external account. Fees may apply.

Go paperless with Online Statements
Get your financial documents the fastest and most secure way by having them delivered directly to your Online Banking account. Reduce paper clutter and stay organized with access to up to seven years of statements online for easy reference. Know that your information is secure within Online Banking and get automatic alerts when your latest statement is available. In addition to account statements, you can take full advantage of our paperless services by having other letters, notices and even 1099s electronically delivered to your secure Online Banking account.
It's easy to sign up, visit usbank.com/onlinestatements to learn more!

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on May 1		$	3,198.44
Customer Deposits	3		1,534.00
Checks Paid	1		738.80-
Ending Balance on May 31, 2015		**$**	**3,993.64**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*
	May 4	8150821284	907.00
	May 12	8357185827	116.00
	May 18	8150181321	511.00

Total Customer Deposits $ 1,534.00

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*
1113	May 18	8150181325	738.80

Conventional Checks Paid (1) $ 738.80-

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
May 4	4,105.44	May 12	4,221.44	May 18	3,993.64

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: April 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To calculate the **Balance Subject to Interest Rate** (sometimes referred to as the "average daily balance"), we take the beginning balance of your account (minus unpaid finance charges and unpaid fees from the previous billing cycles), add any new advances, and subtract any payments and credits. This gives us a daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This is your **Balance Subject to Interest Rate**. The *****INTEREST CHARGE***** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

Business Statement
Account Number:
1 535 6561 8771

Statement Period:
May 1, 2015
through
May 31, 2015

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	11		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Jun 1, 2015
through
Jun 30, 2015

000085927 1 SP 106481098224705 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

U.S. Bank and ADP partner together to offer small business customers a full suite of products to manage their payroll, tax and human resource needs. The ADP Full Service payroll solution features payroll calculations and reporting, tax filings, direct deposit, new hire reporting, background checks and many other services. Small businesses that enroll by July 30, 2015 will receive $400 credit back from ADP. To learn more, talk to your business banker, visit www.usbank.com/ADP, or call 800-673-3555.

ADP also offers a self-directed, do-it-yourself payroll solution for U.S. Bank small business customers. This new product allows small businesses to process payroll, submit direct deposits, and make tax payments on their own. U.S. Bank customers can enroll for $9.99 a month for the first three months. For more information, visit www.usbank.com/ADP.

Service may be subject to credit approval. Eligibility requirements and other conditions apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. Deposit products offered by U.S. Bank National Association. Member FDIC.

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jun 1		$	3,993.64
Customer Deposits	5		2,023.00
Checks Paid	8		3,457.05-
Ending Balance on Jun 30, 2015		**$**	**2,559.59**

Customer Deposits

Number	Date	Ref Number	Amount
	Jun 1	8151032666	637.00
	Jun 8	8151098880	236.00
	Jun 15	8059977632	521.00
	Jun 23	8357381558	103.00
	Jun 29	8059394468	526.00
		Total Customer Deposits	**$ 2,023.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount
1110	Jun 1	8052986532	234.20
1111	Jun 23	8354709307	566.20
1112	Jun 3	8653809850	100.00
1114*	Jun 1	8151032670	738.80
1115	Jun 4	8953825791	190.25
1116	Jun 15	8059977637	738.80
1117	Jun 22	8055041056	150.00
1118	Jun 29	8059394467	738.80
		Conventional Checks Paid (8)	**$ 3,457.05-**

* Gap in check sequence

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 1	3,657.64	Jun 3	3,557.64	Jun 4	3,367.39

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary (continued)

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 8	3,603.39	Jun 22	3,235.59	Jun 29	2,559.59
Jun 15	3,385.59	Jun 23	2,772.39		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: May 2015

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	6		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jul 1, 2015
through
Jul 31, 2015

000088962 1 SP 106481137096021 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Try Self-Service for Quick Solutions to Everyday Banking Needs

Did you know that Online Banking has Self-Service options that can save you time and a trip to the branch? You can use Self-Service to:

- Activate an ATM card or change your PIN
- Order checks
- Find past checks or deposits
- Request copies of statements
- And more!

Bank on *your* schedule. Choose "Self Service" from the "Customer Service" tab in Online Banking to get started.

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

Effective 6/15/2015, updates were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet. Please review the revised booklets on the last page of this statement carefully. Most of the changes are technical in nature, but may affect your rights. You may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement message for the main updates that were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jul 1		$	2,559.59
Customer Deposits	3		1,803.00
Card Withdrawals	1		72.57-
Other Withdrawals	1		83.64-
Checks Paid	4		2,484.40-
Ending Balance on Jul 31, 2015		**$**	**1,721.98**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*
	Jul 6	8058402591	1,224.00
	Jul 14	8357641254	94.00
	Jul 28	8357105272	485.00
		Total Customer Deposits	**$ 1,803.00**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	Description of Transaction		Ref Number		Amount
Jul 22	Debit Purchase 497547 **********7932	SHIN SHIN ENTERP LAKEWOOD WA On 072115 NYC3TERM REF 520221497547	4707211432	$	72.57-
			Card 7932 Withdrawals Subtotal	**$**	**72.57-**
			Total Card Withdrawals	**$**	**72.57-**

Other Withdrawals

Date	Description of Transaction		Ref Number		Amount
Jul 24	Electronic Withdrawal REF=15204007775547 Y	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-00UV6B		$	83.64-
			Total Other Withdrawals	**$**	**83.64-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1119	Jul 6	8054949786	150.00	1121	Jul 28	8355415513	856.80
1120	Jul 14	8357641257	738.80	1122	Jul 28	8357105271	738.80
				Conventional Checks Paid (4)		**$**	**2,484.40-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jul 6	3,633.59	Jul 22	2,916.22	Jul 28	1,721.98
Jul 14	2,988.79	Jul 24	2,832.58		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: June 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	16		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective 6/15/2015, the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

Throughout the agreement the use of all references to "check card" are now referenced as "debit card".

NIGHT DEPOSITORY (1) Use of Containers: Added language to clarify process.

OVERDRAFT PROTECTION PLANS Small Business Overdraft Protection: Added language to clarify linking small business accounts for overdraft protection.

FUNDS TRANSFERS: Added language regarding outgoing wire transfers.

INCREASED COSTS TO MAINTAIN YOUR ACCOUNT: New section added regarding if an account becomes subject to receivership, court order or bankruptcy.

ADDITIONAL INFORMATION (CONTINUED)

FUNDS AVAILABILITY: YOUR ABILITY TO WITHDRAW FUNDS - ALL ACCOUNTS: Added language that the funds availability policy does not apply to deposits made remotely through a mobile or other electronic device.

ELECTRONIC BANKING AGREEMENT FOR CONSUMER CUSTOMERS: Added language throughout this section specific to prepaid cards.

USING YOUR CARD FOR INTERNATIONAL TRANSACTIONS: Added language that we may block transactions in certain foreign countries, and a telephone number to call if need for more information.

ELECTRONIC BANKING AGREEMENT FOR BUSINESS CUSTOMERS:

- *LIMITS ON TRANSFERS:* Added language for more clarity.
- *SECURITY:* Changed standard transaction limits.
- *TRANSACTION:* Section retitled as DEBIT CARD TRANSACTION and added clarification regarding types of merchant transactions
- *USING YOUR CARD FOR INTERNATIONAL TRANSACTIONS:* Added language that we may block transactions in certain foreign countries, and a telephone number to call if need for more information
- *UNAUTHORIZED TRANSACTIONS AND LOST STOLEN:* Added detailed language regarding reporting loss or theft on business debit cards

U.S. BANK CONSUMER RESERVE LINE AGREEMENT: Deleted reference to payment protection / payment protection fees.

CREDIT BUREAU DISPUTES: Address change for reporting disputes.

U.S. BANK BUSINESS RESERVE LINE AGREEMENT:

- Added new section *BUSINESS PURPOSE*, and renumbers existing sections.
- *DEFAULT:* Added additional language for clarity.
- Deleted references to payment protection and payment protection fees.

Effective 6/15/2015, the main updates to note in the revised "Consumer Pricing Information" booklet sections, and sub sections, include: Consumer Pricing Information brochure updates include the following:

*Throughout the agreement the use of all references to "check card" will now be referenced as "debit card".

OTHER SERVICE FEES: Removal of Travelers Checks

WIRE TRANSFER: Enhanced footnote for more clarity

FOREIGN CHECK/CURRENCY FEES:

- Enhanced footnote for more clarity
- Decreased fees for Next Day Delivery and Next Day Priority Delivery.

You may pick up copies at your local branch, view the updated Consumer Pricing Information Brochure at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Aug 3, 2015
through
Aug 31, 2015

000089365 1 SP 106481174943142 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

INFORMATION YOU SHOULD KNOW

Effective 6/15/2015, updates were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet. Please review the revised booklets on the last page of this statement carefully. Most of the changes are technical in nature, but may affect your rights. You may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement message for the main updates that were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Aug 3		$	1,721.98
Customer Deposits	4		1,962.00
Other Deposits	2		740.00
Checks Paid	4		1,787.89-
Ending Balance on Aug 31, 2015		**$**	**2,636.09**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Aug 4	8358267147	77.00		Aug 18	8357588092	1,218.00
	Aug 10	8150183540	571.00		Aug 24	8059016732	96.00
					Total Customer Deposits		**$ 1,962.00**

Other Deposits

Date	Description of Transaction		Ref Number	Amount
Aug 3	Internet Banking Transfer	From Account 153560524735		$ 370.00
Aug 21	Internet Banking Transfer	From Account 152029449591		370.00
			Total Other Deposits	**$ 740.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1123	Aug 10	8150183544	738.80	1125	Aug 24	8057011305	190.25
1124	Aug 26	8654890294	120.00	1126	Aug 24	8059016737	738.84
				Conventional Checks Paid (4)			**$ 1,787.89-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Aug 3	2,091.98	Aug 18	3,219.18	Aug 24	2,756.09
Aug 4	2,168.98	Aug 21	3,589.18	Aug 26	2,636.09
Aug 10	2,001.18				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: July 2015

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	9		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective 6/15/2015, the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

Throughout the agreement the use of all references to "check card" are now referenced as "debit card".

NIGHT DEPOSITORY (1) Use of Containers: Added language to clarify process.

OVERDRAFT PROTECTION PLANS Small Business Overdraft Protection: Added language to clarify linking small business accounts for overdraft protection.

FUNDS TRANSFERS: Added language regarding outgoing wire transfers.

INCREASED COSTS TO MAINTAIN YOUR ACCOUNT: New section added regarding if an account becomes subject to receivership, court order or bankruptcy.

FUNDS AVAILABILITY: YOUR ABILITY TO WITHDRAW FUNDS - ALL ACCOUNTS: Added language that the funds availability policy does not apply to deposits made remotely through a mobile or other electronic device.

ELECTRONIC BANKING AGREEMENT FOR CONSUMER CUSTOMERS: Added language throughout this section specific to prepaid cards.

USING YOUR CARD FOR INTERNATIONAL TRANSACTIONS: Added language that we may block transactions in certain foreign countries, and a telephone number to call if need for more information.

ELECTRONIC BANKING AGREEMENT FOR BUSINESS CUSTOMERS:

- *LIMITS ON TRANSFERS:* Added language for more clarity.
- *SECURITY:* Changed standard transaction limits.
- *TRANSACTION:* Section retitled as DEBIT CARD TRANSACTION and added clarification regarding types of merchant transactions
- *USING YOUR CARD FOR INTERNATIONAL TRANSACTIONS:* Added language that we may block transactions in certain foreign countries, and a telephone number to call if need for more information
- *UNAUTHORIZED TRANSACTIONS AND LOST STOLEN:* Added detailed language regarding reporting loss or theft on business debit cards

U.S. BANK CONSUMER RESERVE LINE AGREEMENT: Deleted reference to payment protection / payment protection fees.

CREDIT BUREAU DISPUTES: Address change for reporting disputes.

U.S. BANK BUSINESS RESERVE LINE AGREEMENT:

- Added new section *BUSINESS PURPOSE*, and renumbers existing sections.
- *DEFAULT:* Added additional language for clarity.
- Deleted references to payment protection and payment protection fees.

Effective 6/15/2015, the main updates to note in the revised "Consumer Pricing Information" booklet sections, and sub sections, include: Consumer Pricing Information brochure updates include the following:

*Throughout the agreement the use of all references to "check card" will now be referenced as "debit card".

OTHER SERVICE FEES: Removal of Travelers Checks

WIRE TRANSFER: Enhanced footnote for more clarity

FOREIGN CHECK/CURRENCY FEES:

- Enhanced footnote for more clarity
- Decreased fees for Next Day Delivery and Next Day Priority Delivery.

ADDITIONAL INFORMATION (CONTINUED)

You may pick up copies at your local branch, view the updated Consumer Pricing Information Brochure at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

usbank.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Sep 1, 2015
through
Sep 30, 2015

000089015 1 SP 106481213932132 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

Effective November 23rd 2015 updates will be made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet. The changes are slight, but may affect your rights. As of November 23rd 2015 you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement message for the main updates that were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Sep 1		$	2,636.09
Customer Deposits	4		1,527.00
Checks Paid	2		1,476.80-
Ending Balance on Sep 30, 2015		**$**	**2,686.29**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Sep 8	8451471991	534.00		Sep 21	8059551678	466.00
	Sep 14	8150099743	316.00		Sep 28	8059588265	211.00
						Total Customer Deposits	**$ 1,527.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1127	Sep 8	8451471995	738.80	1128	Sep 21	8059551676	738.00
						Conventional Checks Paid (2)	**$ 1,476.80-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Sep 8	2,431.29	Sep 21	2,475.29	Sep 28	2,686.29
Sep 14	2,747.29				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: August 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	10		No Charge

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-535-6561-8771 (continued)

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective November 23rd 2015 the main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, include:

- TDD number
- Fraud URL correction

Effective November 23rd 2015, the main updates to note in the revised **"Consumer Pricing Information"** booklet sections, and sub sections, include:

- Foreign Check/Currency Fees, Checks Deposited in U.S. Dollars on Foreign Banks: "Checks on Select Countries/Banks" fee of $50 no longer applies
- Additional clarity on disclosures to Statement fees

As of November 23rd 2015 you may pick up copies at your local branch, view the updated Consumer Pricing Information Brochure at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Oct 1, 2015
through
Oct 31, 2015

000088951 1 SP 106481252243766 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: 1-800-673-3555

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

Effective November 23rd 2015 updates will be made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet. The changes are slight, but may affect your rights. As of November 23rd 2015 you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement message for the main updates that were made to **"Your Deposit Account Agreement"** booklet and the **"Consumer Pricing Information"** booklet.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Oct 1		$	2,686.29
Customer Deposits	3		2,315.00
Other Withdrawals	1		71.69-
Checks Paid	4		2,662.00-
Ending Balance on Oct 31, 2015		**$**	**2,267.60**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Oct 8	8955867688	1,276.00		Oct 26	8059532276	772.00
	Oct 13	8452715001	267.00				

Total Customer Deposits **$ 2,315.00**

Other Withdrawals

Date	Description of Transaction		Ref Number	Amount
Oct 21	Electronic Withdrawal	From LABOR&INDUSTRIES		$ 71.69-
	REF=15293012492874 Y	9ELFLNIP01L&I ELF 27313600-00WHMO		

Total Other Withdrawals **$ 71.69-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1129	Oct 8	8955867687	738.80	1131	Oct 20	8354992575	734.40
1130	Oct 13	8359375485	450.00	1132	Oct 26	8059532275	738.80

Conventional Checks Paid (4) **$ 2,662.00-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Oct 8	3,223.49	Oct 20	2,306.09	Oct 26	2,267.60
Oct 13	3,040.49	Oct 21	2,234.40		

Balances only appear for days reflecting change.

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2015

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	10		No Charge
Reject Checks Paid	2		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective November 23rd 2015 the main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, include:

- TDD number
- Fraud URL correction

Effective November 23rd 2015, the main updates to note in the revised **"Consumer Pricing Information"** booklet sections, and sub sections, include:

- Foreign Check/Currency Fees, Checks Deposited in U.S. Dollars on Foreign Banks: "Checks on Select Countries/Banks" fee of $50 no longer applies
- Additional clarity on disclosures to Statement fees

As of November 23rd 2015 you may pick up copies at your local branch, view the updated Consumer Pricing Information Brochure at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Nov 2, 2015
through
Nov 30, 2015

000090864 1 SP 106481290609465 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

U.S. Bank has teamed up with ADP® to deliver payroll and tax processing plus people management for small businesses and startups. From hiring and handbooks to payroll and compliance, ADP brings unmatched depth and expertise to helping clients build a better workforce.

- Pay your people, file taxes and track time effortlessly
- Recruit, hire and manage your team with confidence
- Access insurance benefits through ADPIA***
- Help protect your company from tax and compliance risk

Act today and earn up to a $400 credit on your full-service payroll processing fees! Talk to a banker to find out more or visit www.usbank.com/adp.

Service may be subject to credit approval. Eligibility requirements and other conditions apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. Deposit products offered by U.S. Bank National Association. Member FDIC.

Price changes for U.S. Bank's Business Checking, Savings and Treasury Management Services are effective January 1, 2016. You can view revised pricing (only those prices that changed) at www.usbank.com/tmpricing beginning December 1, 2015. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: 20-72A6-DEE8-CFD5

INFORMATION YOU SHOULD KNOW

Notice: Effective January 1st, 2016 the returned deposited item fee will increase from $8.00 to $10.00. If you need more information or have questions, please stop into your local branch or call us at 800-673-3555.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Nov 2		$	2,267.60
Customer Deposits	5		2,966.00
Checks Paid	5		2,926.05-
Ending Balance on Nov 30, 2015		**$**	**2,307.55**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*
	Nov 2	8150834728	491.00
	Nov 10	8357702666	162.00
	Nov 16	8150239384	501.00
	Nov 23	8058737432	1,301.00
	Nov 30	8058993635	511.00
		Total Customer Deposits	**$ 2,966.00**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*
1133	Nov 9	8057257030	150.00
1134	Nov 2	8150834727	738.80
1135	Nov 16	8150239388	923.50
1136	Nov 20	9254033305	190.25

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Checks Presented Conventionally (continued)

Check	*Date*	*Ref Number*	*Amount*
1137	Nov 30	8058993634	923.50

Conventional Checks Paid (5) **$ 2,926.05-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Nov 2	2,019.80	Nov 16	1,609.30	Nov 23	2,720.05
Nov 9	1,869.80	Nov 20	1,419.05	Nov 30	2,307.55
Nov 10	2,031.80				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: October 2015

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	12		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Dec 1, 2015
through
Dec 31, 2015

000092809 1 SP 106481333095211 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings and Treasury Management Services are effective January 1, 2016. You can view revised pricing (only those prices that changed) at www.usbank.com/tmpricing beginning December 1, 2015. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: 20-72A6-DEE8-CFD5

INFORMATION YOU SHOULD KNOW

Notice: Effective January 1st, 2016 the returned deposited item fee will increase from $8.00 to $10.00. If you need more information or have questions, please stop into your local branch or call us at 800-673-3555.

Protecting your accounts is our highest priority. As a security precaution, we close Debit Cards and ATM Cards after 18 months of inactivity. Please call us with any questions at 800-673-3555.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Dec 1		$	2,307.55
Customer Deposits	6		6,803.00
Card Withdrawals	2		747.58-
Other Withdrawals	1		50.00-
Checks Paid	2		1,847.00-
Ending Balance on Dec 31, 2015		**$**	**6,465.97**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Dec 9	8656186262	316.00		Dec 29	8357382641	270.00
	Dec 14	8150266279	1,286.00		Dec 29	8357382637	845.00
	Dec 21	8150443983	666.00		Dec 29	8357382620	3,420.00

Total Customer Deposits **$** **6,803.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Dec 21	Debit Purchase 410621 **********7932	CORNING REVERE # CENTRALIA WA On 122015 ILNKILNK REF 535501410621	2112201912	$	32.37-

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*	*Amount*
Dec 29	Debit Purchase - VISA NEW MAIN CHINESE **********7932	On 122815 LACEY WA REF # 24013395362003048771047	2003048771	715.21-

Card 7932 Withdrawals Subtotal	**$**	**747.58-**
Total Card Withdrawals	**$**	**747.58-**

Other Withdrawals

Date	*Description of Transaction*	*Ref Number*	*Amount*
Dec 14	Deposited Item Returned	1000102050	$ 50.00-
	Total Other Withdrawals		**$ 50.00-**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1138	Dec 14	8150266285	923.50	1140*	Dec 29	8357382645	923.50

* Gap in check sequence

Conventional Checks Paid (2) **$ 1,847.00-**

Balance Summary

Date	*Ending Balance*	*Date*	*Ending Balance*	*Date*	*Ending Balance*
Dec 9	2,623.55	Dec 21	3,569.68	Dec 29	6,465.97
Dec 14	2,936.05				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: November 2015

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	*Volume*	*Avg Unit Price*	*Total Charge*
Depository Services			
Combined Transactions/Items	17		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

Kurios Church of the Christian & Missionary Alliance

Bank Statements - 2016

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement

Account Number:
1 535 6561 8771
Statement Period:
Jan 4, 2016
through
Jan 31, 2016

000093894 1 SP 106481374290643 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings and Treasury Management Services are effective January 1, 2016. You can view revised pricing (only those prices that changed) at www.usbank.com/tmpricing beginning December 1, 2015. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: 20-72A6-DEE8-CFD5

INFORMATION YOU SHOULD KNOW

Protecting your accounts is our highest priority. As a security precaution, we close Debit Cards and ATM Cards after 18 months of inactivity. Please call us with any questions at 800-673-3555.

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jan 4		$	6,465.97
Customer Deposits	4		2,501.25
Card Withdrawals	1		18.54-
Other Withdrawals	1		8.80-
Checks Paid	5		3,126.20-
Ending Balance on Jan 31, 2016		**$**	**5,813.68**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Jan 4	8151343251	1,028.25		Jan 19	8451456653	442.00
	Jan 11	8059963488	514.00		Jan 25	8058879364	517.00

Total Customer Deposits **$ 2,501.25**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Jan 12	Debit Purchase - VISA AMAZON.COM AMZN. **********7932	On 011116 AMZN.COM/BIL WA REF # 244310660110837056560 34	1083705656	$	18.54-

Card 7932 Withdrawals Subtotal **$ 18.54-**

Total Card Withdrawals **$ 18.54-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Other Withdrawals

Date	Description of Transaction	Ref Number		Amount
Jan 15	Analysis Service Charge	1500000000	$	8.80-
		Total Other Withdrawals	**$**	**8.80-**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1139	Jan 4	8057341906	150.00	1143	Jan 27	8652937088	979.20
1141*	Jan 19	8358465562	150.00	1144	Jan 25	8058879363	923.50
1142	Jan 11	8059963492	923.50				

* Gap in check sequence

Conventional Checks Paid (5) **$ 3,126.20-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jan 4	7,344.22	Jan 15	6,907.38	Jan 25	6,792.88
Jan 11	6,934.72	Jan 19	7,199.38	Jan 27	5,813.68
Jan 12	6,916.18				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: December 2015

Account Number:	1-535-6561-8771	$	8.80
Analysis Service Charge assessed to	1-535-6561-8771	$	8.80

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	25		No Charge
Returned Deposited Items	1	8.00000	8.00
Subtotal: Depository Services			8.00
Branch Coin/Currency Services			
Cash Deposited-per $100			
First	25		
Next	5	0.16000	0.80
Total	30		0.80
Subtotal: Branch Coin/Currency Services			0.80
Fee Based Service Charges for Account Number 1-535-6561-8771		$	8.80

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Feb 1, 2016
through
Feb 29, 2016

000088814 1 SP 106481412679251 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the specific changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Feb 1		$	5,813.68
Customer Deposits	3		1,487.00
Card Withdrawals	2		321.40-
Other Withdrawals	1		95.58-
Checks Paid	4		2,157.25-
Ending Balance on Feb 29, 2016		**$**	**4,726.45**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*
	Feb 1	8150402274	177.00
	Feb 8	8150014772	637.00
	Feb 22	8059557389	673.00

Total Customer Deposits **$ 1,487.00**

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-7932

Date	*Description of Transaction*		*Ref Number*		*Amount*
Feb 2	Debit Purchase - VISA NEW MAIN CHINESE ••••••••••••7932	On 013116 LACEY WA REF # 24013396032000076536431	2000076536	$	310.00-
Feb 22	Debit Purchase 656062 ••••••••••••7932	OFFICE DEPOT 00 LACEY WA On 022016 ILK1TERM REF 605122656062	6202201622		11.40-

Card 7932 Withdrawals Subtotal **$ 321.40-**

Total Card Withdrawals **$ 321.40-**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Feb 2	Electronic Withdrawal REF=16032015091649 Y	From LABOR&INDUSTRIES 9ELFLNIP01L&I ELF 27313600-00Z4Z4		$	95.58-

Total Other Withdrawals **$ 95.58-**

Checks Presented Conventionally

Check	*Date*	*Ref Number*	*Amount*	*Check*	*Date*	*Ref Number*	*Amount*
1145	Feb 8	8150014771	923.50	1148	Feb 16	8352296523	190.25
1147*	Feb 19	9255463800	120.00	1149	Feb 22	8059557388	923.50

* Gap in check sequence

Conventional Checks Paid (4) **$ 2,157.25-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Feb 1	5,990.68	Feb 8	5,298.60	Feb 19	4,988.35
Feb 2	5,585.10	Feb 16	5,108.35	Feb 22	4,726.45

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: January 2016

Account Number:	1-535-6561-8771	$	0.00
Analysis Service Charge assessed to	1-535-6561-8771	$	0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	14		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Mar 1, 2016
through
Mar 31, 2016

000088844 1 SP 106481453249492 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank
24-Hour Business Solutions: *1-800-673-3555*
Telecommunications Device for the Deaf: *1-800-685-5065*
Internet: *usbank.com*

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Mar 1		$	4,726.45
Customer Deposits	3		5,112.00
Checks Paid	6		3,876.70-
Ending Balance on Mar 31, 2016		**$**	**5,961.75**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Mar 8	8358632210	813.00		Mar 28	8058680307	374.00
	Mar 21	8059908395	3,925.00				

Total Customer Deposits $ 5,112.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1150	Mar 4	9253970880	500.00	1153	Mar 18	9255236402	456.20
1151	Mar 14	8057285336	150.00	1154	Mar 21	8059908394	923.50
1152	Mar 8	8358632209	923.50	1155	Mar 31	8954984554	923.50

Conventional Checks Paid (6) $ 3,876.70-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Mar 4	4,226.45	Mar 18	3,509.75	Mar 28	6,885.25
Mar 8	4,115.95	Mar 21	6,511.25	Mar 31	5,961.75
Mar 14	3,965.95				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: February 2016

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	12		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Apr 1, 2016
through
Apr 30, 2016

000088700 1 SP 106481491411681 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

Effective May 16th, 2016, the **"Your Deposit Account Agreement"** booklet includes a number of updates. The changes are slight, but may affect your rights. As of May 16th, 2016 you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to **"Your Deposit Account Agreement"** booklet.

U.S. Bank has teamed up with ADP® to deliver payroll and tax processing plus people management for small businesses and startups. From hiring and handbooks to payroll and compliance, ADP brings unmatched depth and expertise to helping clients build a better workforce.

- Pay your people, file taxes and track time effortlessly
- Recruit, hire and manage your team with confidence
- Access insurance benefits through ADPIA***
- Help protect your company from tax and compliance risk

Act today and earn up to a $400 credit on your full-service payroll processing fees! Talk to a banker to find out more or visit www.usbank.com/adp.

Service may be subject to credit approval. Eligibility requirements and other conditions apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. Deposit products offered by U.S. Bank National Association. Member FDIC.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Apr 1		$	5,961.75
Customer Deposits	3		2,949.00
Other Withdrawals	3		3,643.13-
Checks Paid	5		2,377.50-
Ending Balance on Apr 30, 2016		**$**	**2,890.12**

Customer Deposits

Number	*Date*	*Ref Number*	*Amount*	*Number*	*Date*	*Ref Number*	*Amount*
	Apr 11	8150564003	1,793.00		Apr 25	8150120022	366.00
	Apr 18	8150556027	790.00				

Total Customer Deposits **$ 2,949.00**

Other Withdrawals

Date	*Description of Transaction*		*Ref Number*		*Amount*
Apr 14	Analysis Service Charge		1400000000	$	3.26-
Apr 22	Customer Withdrawal		9256484172		3,500.00-
Apr 25	Electronic Withdrawal	From LABOR&INDUSTRIES			139.87-
	REF=16113010582175 Y	9ELFLNIP01L&I ELF 27313600-010DCM			

Total Other Withdrawals **$ 3,643.13-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

CONSUMER BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at: U.S. Bank, P.O. Box 64991, St. Paul, MN 55164-9505. In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar Amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of the goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

RESERVE LINE

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1156	Apr 7	8954088141	300.00	1159	Apr 22	9253613397	918.00
1157	Apr 25	8055659046	150.00	1160	Apr 28	8953994799	86.00
1158	Apr 18	8150556026	923.50				

Conventional Checks Paid (5) **$ 2,377.50-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Apr 7	5,661.75	Apr 18	7,317.99	Apr 25	2,976.12
Apr 11	7,454.75	Apr 22	2,899.99	Apr 28	2,890.12
Apr 14	7,451.49				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: March 2016

Account Number:	1-535-6561-8771	$ 3.26
Analysis Service Charge assessed to	1-535-6561-8771	$ 3.26

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	14		No Charge
Subtotal: Depository Services			0.00
Branch Coin/Currency Services			
Cash Deposited-per $100			
First	25		
Next	16	0.16000	2.56
Total	41		2.56
Loose Currency Ordered/$100	5	0.14000	0.70
Subtotal: Branch Coin/Currency Services			3.26
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 3.26

ADDITIONAL INFORMATION

Effective May 16th, 2016 the main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, include:

- Addition of the "Your Deposit Account Agreement" booklet being the sole and exclusive superseding agreement
- Addition of contact information within the Funds Transfers section
- Clarity on overdraft protection pertaining to dormant or escheated accounts and those linked to a U. S. Bank Reserve Line
- Update to rights within the section Statement and Notices; Your Address sub section
- Updated URL in the S.T.A.R.T Program Agreement for U.S. Bank Rewards Visa Card terms and conditions
- Addition of Consumer Report Disputes in the All Deposit Accounts section
- Updates to Consumer Report Disputes in the U.S. Bank Consumer Reserve Line Agreement
- Deletion of the definition of "debt" in the Set Off section
- Additional clarification from examples within the Security Interest In Accounts section
- Addition of Foreign Checks section
- Addition of Restricted Transactions sub section in Business Account Issues section
- Addition of Other Electronic Transactions types in both Business and Consumer Electronic Banking Agreements
- Addition of daily return limits for purchases made with your Consumer and Business Debit Card in the Electronic Banking Agreement sections

ADDITIONAL INFORMATION (CONTINUED)

- Addition of payment limits received from third parties through your U.S. Bank Debit Card for both Business and Consumer customers in the Electronic Banking Agreement sections
- Removal of ATM Cards making cash advances in Limits On Transfers sections
- Deletion of Arbitration within the U.S. Bank Consumer Reserve Line Agreement
- Within the U.S. Bank Business Reserve Line Agreement additional clarity in Credit Review

As of May 16th, 2016 you may pick up copies at your local branch, view the updated booklet at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Retail Statement Messages Shared/MN/USB@USB

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
May 2, 2016
through
May 31, 2016

000088481 1 SP 106481530814406 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

☎ *To Contact U.S. Bank*

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

INFORMATION YOU SHOULD KNOW

Effective May 16th, 2016, the **"Your Deposit Account Agreement"** booklet includes a number of updates. The changes are slight, but may affect your rights. As of May 16th, 2016 you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to **"Your Deposit Account Agreement"** booklet.

New Terms and Conditions will be in effect for U.S. Bank business customers on June 30, 2016. You can view the new Terms and Conditions at usbank.com/tmtermsandconditions. Log in to this secure website using the access code: terms2016. If you are unable to access this information for any reason, please contact your Branch Banker, Relationship Manager, Treasury Management Consultant or Commercial Customer Service Team for assistance.

New Information for Consumer Report Disputes:
Effective May 16, 2016, the **"Your Deposit Account Agreement"** booklet was updated with new information regarding disputes for Consumer Reporting Agencies (CRA). Changes include:
- Individuals may dispute inaccurate information reported to a CRA by calling 844.624.8230 or by writing to: U.S. Bank Attn: CRA Management, P.O. Box 3447, Oshkosh, WI 54903-3447
- The information required to review the dispute, including: customer name, address and telephone number; the account number; the specific information being disputed; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

The updates are reflected in the following sections within the booklet:
- A new section for "Consumer Report Disputes" was added to the Terms Applicable to Deposit Accounts.
- The existing section regarding disputes of the Consumer Reserve Line of Credit Agreement was updated to "Consumer Report Disputes."

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on May 2		$	2,890.12
Customer Deposits	3		2,024.00
Checks Paid	6		3,230.75-
Ending Balance on May 31, 2016		**$**	**1,683.37**

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	May 2	8151343466	625.00		May 31	8451119613	707.00
	May 16	8150218228	692.00				
						Total Customer Deposits	**$ 2,024.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1161	May 9	8056329421	150.00	1164	May 16	8150218227	923.50
1162	May 2	8151343470	923.50	1165	May 23	8057275822	190.25
1163	May 16	8054231561	120.00	1166	May 31	8451119612	923.50
						Conventional Checks Paid (6)	**$ 3,230.75-**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:
U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.
In your letter, give us the following information:

- ***Account information:*** Your name and account number.
- ***Dollar Amount:*** The dollar amount of the suspected error.
- ***Description of problem:*** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.
You must notify us of any potential errors *in writing.* You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate.** Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about negative account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: CRA Management, P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 2	2,591.62	May 16	2,090.12	May 31	1,683.37
May 9	2,441.62	May 23	1,899.87		

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: April 2016

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	12		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective May 16th, 2016 the main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, include:

- Addition of the "Your Deposit Account Agreement" booklet being the sole and exclusive superseding agreement
- Addition of contact information within the Funds Transfers section
- Clarity on overdraft protection pertaining to dormant or escheated accounts and those linked to a U. S. Bank Reserve Line
- Update to rights within the section Statement and Notices; Your Address sub section
- Updated URL in the S.T.A.R.T Program Agreement for U.S. Bank Rewards Visa Card terms and conditions
- Addition of Consumer Report Disputes in the All Deposit Accounts section
- Updates to Consumer Report Disputes in the U.S. Bank Consumer Reserve Line Agreement
- Deletion of the definition of "debt" in the Set Off section
- Additional clarification from examples within the Security Interest In Accounts section
- Addition of Foreign Checks section
- Addition of Restricted Transactions sub section in Business Account Issues section
- Addition of Other Electronic Transactions types in both Business and Consumer Electronic Banking Agreements
- Addition of daily return limits for purchases made with your Consumer and Business Debit Card in the Electronic Banking Agreement sections
- Addition of payment limits received from third parties through your U.S. Bank Debit Card for both Business and Consumer customers in the Electronic Banking Agreement sections
- Removal of ATM Cards making cash advances in Limits On Transfers sections
- Deletion of Arbitration within the U.S. Bank Consumer Reserve Line Agreement
- Within the U.S. Bank Business Reserve Line Agreement additional clarity in Credit Review

As of May 16th, 2016 you may pick up copies at your local branch, view the updated booklet at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

This page intentionally left blank

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3417 TRN Y ST01

Business Statement
Account Number:
1 535 6561 8771
Statement Period:
Jun 1, 2016
through
Jun 30, 2016

000087100 01 SP 106481572180966 E
KURIOS CHURCH OF THE CHRISTIAN AND MISS
2847 JORGENSON RD NE
OLYMPIA WA 98516-3083

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

Telecommunications Device for the Deaf: *1-800-685-5065*

Internet: *usbank.com*

NEWS FOR YOU

U.S. Bank is proud to be named a "World's Most Ethical Company" by the Ethisphere Institute for the second year in a row.

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC. U.S. Bank. Equal Housing Lender. Member FDIC.
© 2016 U.S. Bank

INFORMATION YOU SHOULD KNOW

Effective May 16th, 2016, the **"Your Deposit Account Agreement"** booklet includes a number of updates. The changes are slight, but may affect your rights. As of May 16th, 2016 you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to **"Your Deposit Account Agreement"** booklet.

New Information for Consumer Report Disputes:
Effective May 16, 2016, the **"Your Deposit Account Agreement"** booklet was updated with new information regarding disputes for Consumer Reporting Agencies (CRA). Changes include:
- Individuals may dispute inaccurate information reported to a CRA by calling 844.624.8230 or by writing to: U.S. Bank Attn: CRA Management, P.O. Box 3447, Oshkosh, WI 54903-3447
- The information required to review the dispute, including: customer name, address and telephone number; the account number; the specific information being disputed; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

The updates are reflected in the following sections within the booklet:
- A new section for "Consumer Report Disputes" was added to the Terms Applicable to Deposit Accounts.
- The existing section regarding disputes of the Consumer Reserve Line of Credit Agreement was updated to "Consumer Report Disputes."

New Terms and Conditions will be in effect for U.S. Bank business customers on June 30, 2016. You can view the new Terms and Conditions at usbank.com/tmtermsandconditions. Log in to this secure website using the access code: terms2016. If you are unable to access this information for any reason, please contact your Branch Banker, Relationship Manager, Treasury Management Consultant or Commercial Customer Service Team for assistance.

SILVER BUSINESS CHECKING

Member FDIC

U.S. Bank National Association

Account Number 1-535-6561-8771

Account Summary

	# Items		
Beginning Balance on Jun 1		$	1,683.37
Customer Deposits	3		2,666.00
Checks Paid	3		1,997.00-
Ending Balance on Jun 30, 2016		**$**	**2,352.37**

usbank.

BALANCE YOUR ACCOUNT

To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Check Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. $_____
4. Enter the total deposits recorded in the Outstanding Deposits section. $_____
5. Total lines 3 and 4. $_____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. $_____
7. Subtract line 6 from line 5. This is your balance. $_____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Check Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days* after we sent you the FIRST statement on which the error or problem appeared. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will tell you all the results of our investigation within 10 business days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. In that case, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. For transfers initiated outside the United States or transfers resulting from point of sale debit card transactions, the time period for provisional credit is 10 business days and the time to resolve the investigation is 90 days.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:
U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.
In your letter, give us the following information:

- ***Account information:*** Your name and account number.
- ***Dollar Amount:*** The dollar amount of the suspected error.
- ***Description of problem:*** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.
You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about negative account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: CRA Management, P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.

EQUAL HOUSING LENDER

Member FDIC

SILVER BUSINESS CHECKING (CONTINUED)

U.S. Bank National Association

Account Number 1-535-6561-8771

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Jun 6	8151586348	917.00		Jun 27	8059014500	919.00
	Jun 13	8059930977	830.00				

Total Customer Deposits **$ 2,666.00**

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1167	Jun 13	8057478519	150.00	1169	Jun 27	8059014499	923.50
1168	Jun 13	8059930976	923.50				

Conventional Checks Paid (3) **$ 1,997.00-**

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Jun 6	2,600.37	Jun 13	2,356.87	Jun 27	2,352.37

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: May 2016

Account Number:	1-535-6561-8771	$ 0.00
Analysis Service Charge assessed to	1-535-6561-8771	$ 0.00

Service Activity Detail for Account Number 1-535-6561-8771

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	12		No Charge
Reject Checks Paid	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-535-6561-8771			$ 0.00

ADDITIONAL INFORMATION

Effective May 16th, 2016 the main updates to note in the revised **"Your Deposit Account Agreement"** booklet sections, and sub sections, include:

- Addition of the "Your Deposit Account Agreement" booklet being the sole and exclusive superseding agreement
- Addition of contact information within the Funds Transfers section
- Clarity on overdraft protection pertaining to dormant or escheated accounts and those linked to a U. S. Bank Reserve Line
- Update to rights within the section Statement and Notices; Your Address sub section
- Updated URL in the S.T.A.R.T Program Agreement for U.S. Bank Rewards Visa Card terms and conditions
- Addition of Consumer Report Disputes in the All Deposit Accounts section
- Updates to Consumer Report Disputes in the U.S. Bank Consumer Reserve Line Agreement
- Deletion of the definition of "debt" in the Set Off section
- Additional clarification from examples within the Security Interest In Accounts section
- Addition of Foreign Checks section
- Addition of Restricted Transactions sub section in Business Account Issues section
- Addition of Other Electronic Transactions types in both Business and Consumer Electronic Banking Agreements
- Addition of daily return limits for purchases made with your Consumer and Business Debit Card in the Electronic Banking Agreement sections
- Addition of payment limits received from third parties through your U.S. Bank Debit Card for both Business and Consumer customers in the Electronic Banking Agreement sections
- Removal of ATM Cards making cash advances in Limits On Transfers sections
- Deletion of Arbitration within the U.S. Bank Consumer Reserve Line Agreement

ADDITIONAL INFORMATION (CONTINUED)

- Within the U.S. Bank Business Reserve Line Agreement additional clarity in Credit Review

As of May 16th, 2016 you may pick up copies at your local branch, view the updated booklet at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

Kurios Church of the Christian & Missionary Alliance

Financial Statements (Unaudited)
2013, 2014 & 2015

Kurios Church Financial Statement (2013)

Contribution (헌금)

Tithe (십일조)	$ 7,463.00	
Special Thanks (감사헌금)	$ 5,492.00	
Sunday Offering (주일헌금)	$ 645.62	
Dedication Service (창립예배)	$ 7,458.00	
Kurios Mission Support (선교헌금)	$ 1,000.00	
		$ 22,058.62

Expenditure (비용)

DJ Lee Wage (Net Income)Gross $11,250.00	$ 10,389.30	
Church Asset	$ 1,499.85	
Tax (IRS, WA License, L&I)	$ 1,013.90	
Special Event Gift	$ 700.23	
Payment to HCCC	$ 700.00	
C&MA / KC&MA) Registration Fee	$ 550.00	
Contribution to KC&MA	$ 500.00	
Fellowship (Foundation Service)	$ 445.68	
Liability Insurance	$ 380.50	
DJ Lee Attendance of KC&MA Conference	$ 351.57	
Advertisement	$ 150.00	
Fellowship	$ 139.24	
Supply	$ 122.92	
Dial A Lift	$ 100.00	
KC&MA Activity (Gift for a pasor who retires.)	$ 100.00	
Postal Expense	$ 82.02	
Church Incorporation Fee	$ 80.00	
Banking (Check order & Fee)	$ 74.92	
		$ 17,380.13

Ending Balance (잔액) **$ 4,678.49**

Kurios Church Financial Statement (2014)

Beginning Balance			**$ 4,678.49**
Contribution (헌금)			
Tithe (십일조)	$ 15,321.00		
Special Thanks (감사헌금)	$ 5,460.00		
Sunday Offering (주일헌금)	$ 2,026.00		
Dedication Service (창립예배)	$ 945.00		
Kurios Mission Support (선교헌금)	$ 2,350.00		
Dial A Lift Fund 반납 (**)	$ 18.00		
		$	**26,120.00**
Expenditure (비용)			
DJ Lee Wage	$ 19,208.00		
Tax (IRS, Employment Tax)	$ 3,128.85		
Payment to HCCC	$ 1,800.00		
Liability Insurance (*)	$ 570.75		
Contribution to KC&MA	$ 460.00		
Tax (WA State L & I)	$ 297.50		
Church Asset (CD Recorder)	$ 280.65		
Supply	$ 127.74		
Other 이동순 집사님 매제 Funderal	$ 100.00		
Dial A Lift (**)	$ 100.00		
Other 지역회 목사님 모임 주관	$ 100.00		
Postal Expense	$ 80.00		
Other 성탄절 선물	$ 19.57		
Banking (Check order & Fee)	$ 18.00		
Church Corporation Renewal	$ 10.00		
		$	**26,301.06**
Ending Balance (잔액)			**$ 4,497.43**

Note:

* We paid the Dec 2014 due in Jan 2015.
* Dial A Lift fund: Actual cost = $100 - $18 = $82.00

Kurios Church Financial Statement (2015)

Beginning Balance	**$**	**4,497.43**
Contribution (헌금)		
Tithe (십일조)	$	15,050.00
Special Thanks (감사헌금)	$	5,155.00
Special Offering (목사안수식 특별헌금)	$	4,720.00
Sunday Offering (주일헌금)	$	1,960.00
Kurios Mission Support (선교헌금)	$	3,400.00
	$	**30,285.00**
Expenditure (비용)		
Contribution to C & MA	$	400.00
DJ Lee Wage	$	19,946.84
Tax (IRS, Employment Tax)	$	3,182.40
Payment to HCCC	$	1,500.00
Liability Insurance	$	971.25
Contribution to KC&MA	$	400.00
Tax (WA State L & I)	$	308.14
Supply	$	162.22
Other (Annual Conference & Ordination Test & Flight)	$	1,000.40
Ordination Ceremony (Dinner)	$	715.21
Postal Expense	$	80.00
Banking (Returned Check)	$	50.00
	$	**28,316.46**
Ending Balance (잔액)	**$**	**6,465.97**

Kurios Church of the Christian & Missionary Alliance

Ordination Worship Service Program

인사 및 광고

부족한 저를 C&MA의 복음 사역을 위한 하나님의 종으로 세워주신 성삼위 하나님께 감사와 찬송과 모든 영광을 돌려 드립니다. 2013년 9월 15일 큐리오스교회가 이곳에 설립되고 지금까지 담임 전도사로 섬기게 하심을 주께 감사드리며, 물심양면으로 도와주시고 격려해주고 기도해주신 모든 분들께 진심으로 감사드립니다. 하나님이 맡겨주신 사명을 성령 안에서 온전히 순종하며 주님이 큐리오스교회에 주인 되심을 인정하고 명하신 대로 모든 일을 행할 수 있도록 최선을 다하겠습니다. 여러분들의 끊임없는 기도와 사랑을 간절히 부탁 드립니다.

특히 바쁘신 중에도 시간을 허락하신 여러분들과 순서를 맡으신 목사님들께 감사를 드립니다.
예배를 마친 후 기념품(수건)을 가족별로 받으시고, 출구에서 식사권을 개인별로 받으셔서 메인부페에서 저녁을 꼭 드시고 가세요.
<u>큐리오스교회 주일예배는 오후 2시에 드립니다.</u>

Announcement

After the worship service, please take one gift item(towel) per family and a ticket per person for dinner at Main Buffet. Please join us for dinner.

저녁 식당(Dinner Restaurant) : 메인 뷔페(MAIN BUFFET)
5580 Martin Way East Lacey WA 98516

C&MA
큐리오스교회 창립 2013년 9월 15일

C&MA 한인총회 서북부지역회

이동진목사 안수예배

일시 : 2015년 12월 27일 (일) 오후 5시
장소 : 큐리오스교회 예배당
전화(Tel) : 360-628-0910
주소 : 1807 9th Ave SW. Olympia, WA 98502

2015년 12월 27일

Ordination 이동진목사 안수예배

✱ 일어서서 (standing up)

1부 예 배
Worship

사회: 김창명 목사
Liturgist:
Rev.Kim,Chang Myoung

경배와 찬양 Worship Praise	----------	이성민 집사 Deacon Song Birck
✱묵 도 Silent Prayer	----------	다 같이 Together
✱찬 양 Hymn	---315장(통일512) -- 내주되신주를참사랑하고	다 같이 Together
기 도 Congregation Prayer	----------	이도형 목사 Rev.Lee, Dohyoung
성경봉독 Scripture Reading	-----출3:1-5-------	사 회 자 Liturgist
특 송 Special Song	---주님다시오실때까지--	C&MA 서북부지역회 사모
설 교 Sermon	--네 신발을 벗으라---	원호 목사 Rev.James Won
찬 양 Hymn	---359장(통일401)--- 천성을향해가는성도들아	다 같이 Together

2 부 목사안수식
Ordination

집례: 원호 목사
(C$MA 한인총회
서북부지역회장)
Liturgist:
Rev.James Won

안수후보자 소개
Candidate Introduction

서 약
Pledge

목사안수 후보자
Ordination Candidate

안수기도
The imposition of hands

악 수 례
Handshake Ceremony

공 포
Proclamation

안수패 및
목사 안수증 증정
presentation

3부 축 하
Celebration

사회: 김창명 목사
Liturgist:
Rev.Kim,Chang Myoung

권면 encouragement	----------	이동기 목사 Rev.Lee, Dong Kie
축사-1 Words of Congrat.-1	----------	박용훈 목사 Rev.Park, Yong Hoon
축사-2 Words of Congrat.-2	----------	정성욱 목사 Rev.Chung, Sung Wook
인사 및 광고 Greeting/Announcement	----------	이동진 목사 Rev.Lee, Dong Jin
찬 양 Hymn	-323장(통일355)--- 부름받아나선이몸	다 같이 Together
✱축도 Benediction	----------	이동진 목사 Rev.Lee, Dong Jin

Kurios Church of the Christian & Missionary Alliance

Establishment Worship Service Program

인사 및 광고

큐리오스교회를 세워주신 성삼위 하나님께 감사와 찬송과 모든 영광을 돌려 드립니다. 큐리오스교회가 이곳에 설립되기 까지 물심양면으로 도와주시고 격려해주고 기도해주신 모든 분들께 진심으로 감사드립니다. 하나님이 맡겨주신 사명을 성령 안에서 온전히 순종하며 주님이 큐리오스교회에 주인 되심을 인정하고 명하신 대로 모든 일을 행할 수 있도록 최선을 다하겠습니다. 여러분들의 끊임없는 기도와 사랑을 간절히 부탁 드립니다.

특히 바쁘신 중에도 시간을 허락하신 여러분들과 순서를 맡으신 목사님들께 감사를 드립니다.
예배를 마친 후 기념품을 받으시고, 아래 층 식당에 정성스런 식사가 준비되어 있으니 꼭 드시고 가세요.
큐리오스교회 주일예배는 오후 2시에 드립니다.

※ *큐리오스(KURIOS)는 헬라어로 '주님'*이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

C&MA
큐리오스교회 창립 2013년 9월 1일
C&MA 한인총회 서북부지역회

큐리오스교회 창립예배

일시 : 2013년 9월 15일 (일) 오후 4시
장소 : 큐리오스교회 예배당
전화(Tel) : 360-628-0910
E-mail : kurios130901@gmail.com
주소 : 1807 9th Ave SW. Olympia, WA 98502
담임전도사 이동진

성경본문/출애굽기 4장1-20절(Exod4:1-20)

1.모세가 대답하여 이르되 그러나 그들이 나를 믿지 아니하며 내 말을 듣지 아니하고 이르기를 여호와께서 네게 나타나지 아니하셨다 하리이다 2.여호와께서 그에게 이르시되 네 손에 있는 것이 무엇이냐 그가 이르되 지팡이니이다 3.여호와께서 이르시되 그것을 땅에 던지라 하시매 곧 땅에 던지니 그것이 뱀이 된지라 모세가 뱀 앞에서 피하매 4.여호와께서 모세에게 이르시되 네 손을 내밀어 그 꼬리를 잡으라 그가 손을 내밀어 그것을 잡으니 그의 손에서 지팡이가 된지라 5.이는 그들에게 그들의 조상의 하나님 곧 아브라함의 하나님, 이삭의 하나님, 야곱의 하나님 여호와가 네게 나타난 줄을 믿게 하려 함이라 하시고 6.여호와께서 또 그에게 이르시되 네 손을 품에 넣으라 하시매 그가 손을 품에 넣었다가 내어보니 그의 손에 문둥병이 생겨 눈 같이 된지라 7.이르시되 네 손을 다시 품에 넣으라 하시매 그가 다시 손을 품에 넣었다가 내어보니 그의 손이 본래의 살로 되돌아왔더라 8.여호와께서 이르시되 만일 그들이 너를 믿지 아니하며 그 처음 표적의 표징을 받지 아니하여도 나중 표적의 표징은 믿으리라 9.그들이 이 두 이적을 믿지 아니하며 네 말을 듣지 아니하거든 너는 나일강 물을 조금 떠다가 땅에 부으라 네가 떠온 나일 강 물이 땅에서 피가 되리라 10.모세가 여호와께 아뢰되 오 주여 나는 본래 말을 잘 하지 못하는 자니이다 주께서 주의 종에게 명령하신 후에도 역시 그러하니 나는 입이 뻣뻣하고 혀가 둔한 자니이다 11.여호와께서 그에게 이르시되 누가 사람의 입을 지었느냐 누가 말 못 하는 자나 못 듣는 자나 눈 밝은 자나 맹인이 되게 하였느냐 나 여호와가 아니냐 12.이제 가라 내가 네 입과 함께 있어서 할 말을 가르치리라 13.모세가 이르되 오 주여 보낼 만한 자를 보내소서 14.여호와께서 모세를 향하여 노하여 이르시되 레위 사람 네 형 아론이 있지 아니하냐 그가 말 잘 하는 것을 내가 아노라 그가 너를 만나러 나오나니 그가 너를 볼 때에 그의 마음에 기뻐이 있을 것이라 15.너는 그에게 말하고 그의 입에 할 말을 주라 내가 네 입과 그의 입에 함께 있어서 너희들이 행할 일을 가르치리라 16.그가 너를 대신하여 백성에게 말할 것이니 그는 네 입을 대신할 것이요 너는 그에게 하나님 같이 되리라 17.너는 이 지팡이를 손에 잡고 이것으로 이적을 행할지니라 18.모세가 그의 장인 이드로에게로 돌아가서 그에게 이르되 내가 애굽에 있는 내 형제들에게로 돌아가서 그들이 아직 살아 있는지 알아보려 하오니 나로 가게 하소서 이드로가 모세에게 평안히 가라 하니라 19.여호와께서 미디안에서 모세에 이르시되 애굽으로 돌아가라 목숨을 노리던 자가 다 죽었 느니라 20.모세가 그의 아내와 아들들을 나귀에 내우고 애굽으로 돌아가는데 모세가 하나님의 지팡이를 손에 잡았더라

2013년 9월 15일 큐리오스교회 창립예배

오후 4시		사회: 이동진 전도사 Liturgist:Lee, Dong Jin
경배와 찬양 Worship Praise	----------	이성민 집사 Deacon Song Birck
묵 도 Silent Prayer	----------	다 같이 Together
찬 양 Hymn	----36장(새36) ---	다 같이 Together
교 독 문 Responsive Reading	---42.(새74) 마태복음5장-	다 같이 Together
기 도 Congregation Prayer	----------	원호 목사 Rev.James Won
성경봉독 Scripture Reading	---출4:1-20-------	사 회 자 Liturgist
특 송 Special Song	----축복하노라----	조정숙, 오미영
설 교 Sermon	----지 팡 이------	김상수 목사 Rev.Sang Kim
축사-1 Words of Congrat.-1	----------	Rev. Tim Heffer Hidden Creek Community Church
축사-2 Words of Congrat.-2	----------	정성욱 목사 Rev.Chung, Sung Wook
권면 encouragement	----------	이규현 목사 Rev.Lee, Kyu Hyun
봉헌 및 기도 Offering & Prayer	----70장(새634)-----	김창명 목사 Rev. Kim,Chang Myoung
찬 양 Hymn	---355장(새323)----	다 같이 Together
인사 및 광고 Greeting/Announcement	----------	이동진 전도사 Lee, Dong Jin
*축도 Benediction	----------	윤영주 목사 Rev.Youn,Young Ju

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

Kurios Church of the Christian & Missionary Alliance

Worship Service Programs

자 유 게 시 판

조나단 에드워즈는 18세(1722년)에 놀라운 회심을 경험한 이후 대략 1여년에 걸쳐, 평생 지켜나갈 자신의 태도와 자세를 70개의 결심문으로 만듭니다. 그는 평생 동안 이 70개의 결심문을 일주일에 한 번씩 반복해 읽으면서 자신의 삶을 끊임없이 돌아보고 거룩한 삶을 추구했습니다. 그 중 12가지만 옮겨 적어봅니다.

4. 하나님의 영광에 도움 되는 것이 아니면 영혼에 관계된 것이든지 육체에 관계된 것이든지 또는 적든지 많든지 간에 어떤 것이라도 절대로 하지 말자. 만일 내가 그런 일을 피할 수 있다면 피하자.
7. 만일 내 생애의 최후 순간이라고 가정했을 때, 하기가 꺼려지는 것이면 절대로 하지 말자.
16. 절대로 다른 사람을 비방하지 말자. 그렇게 하는 것은 다수 간 다른 사람을 불명예스럽게 하는 것이며, 실제로 아무런 유익이 없기 때문이다.
23. 하나님의 영광을 위해서 하는 일이 아닌 것 같이 생각되는 일을 할 때는 매우 신중하게 행하자. 그리고 그 일의 원래 의도와 계획과 목적이 무엇인지 원인을 파악하자. 만일 그 일이 하나님의 영광을 위한 것이 아니라는 것을 알게 되면 그 일을' 결심문4' 를 어기는 것으로 간주하자.
34. 이야기하면서 어떤 사실에 대해서 말할 때는 반드시 참되고 단순한 진실만을 말하자.
37. 매일 밤 잠 자리에 들기 전 내가 게으름을 피웠는지, 내가 무슨 죄를 지었는지, 내가 자신을 부인했는지 등에 대해서 자문해 보자. 또한 매주 말, 매월 말, 매년 말에도 그렇게 하자.
44. 다른 어떤 목적도 아닌 신앙만이 나의 행동에 영향을 미치도록 하자. 신앙적인 목적이 아니라면 어떤 환경 속에서도 행동하지 말자.
45. 신앙에 도움 되는 것이 아니면 그 어떤 것에도 절대로 쾌락이 나 고통, 기쁨이나 슬픔 등을 느끼지 말자. 어떤 감정도, 조금의 감정도 품지 말자. 그리고 그런 것과 관련된 어떤 환경도 만들지 말자.
58. 대화를 나눌 때 불쾌하거나 초조하거나 화를 낸 표정을 짓지 말고 사랑스럽고 즐거우며 친절한 모습을 보이도록 하자.
62. 결코 어떤 일을 의무감으로만 하지 말고, 에베소서 6:6-8에 따라서 기쁘고 자원하는 마음으로 주께 하듯 하고, 사람에게 하듯 하지 말자. 어떤 사람이 어떤 선한 일을 하든지 간에 그는 주께로부터 그대로 받을 것이라는 것을 알자.
68. 약점이든지 죄이든지 간에 내 안에서 발견되는 모든 것을 나 자신에게 솔직히 고백하자.
만일 그것이 신앙에 관련된 것이면 모든 것을 하나님께 고백하고 필요한 도움을 간구하자.
70. 내가 하는 모든 말이 다른 사람들에게 유익이 되도록 하자.

조나단 에드워즈 (1703. 10. 5 ~ 1758. 3. 22)
미국 청교도 신앙을 물려받은 위대한 신학자·철학자. '대각성운동'으로 알려진 신앙부흥운동을 일으킨 인물로 19세기 선교확장 시기의 선구자들 가운데 하나이다.

주보 2013-1호(통권1호) 2013년 9월 1일

C&MA
큐리오스교회 창립 2013년 9월 1일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 9월 1일

주 일 예 배

오후 2시		인도 : 이동진
* 묵 도	----------	인 도 자
* 찬 송	---------- 1장 ----------	다 같이
* 죄의 고백	----------	다 같이
* 교 독 문	--------- 1번 (시편1편)---------	다 같이
* 신앙고백	--------- 사도신경 ----------	다 같이
찬 송	-----336장(새찬송가 278) -------	다 같이
기 도	----------	강경숙
교회소식	----------	인도자
성경봉독	------ 마태복음 1장 1절 -------	인도자
설 교	----- 복음이란 무엇인가 --------	이동진
찬 송	------ 330장(새찬송가 272) -----	다 같이
봉 헌	------- 71장(새찬송가 50) ------	다 같이
* 주기도문	----------	다 같이
* 송 영	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오

교 회 소 식

1. 교회창립 예배 : 2013년 9월 15일 주일 오후 4시
2. 기도 순서는 전교인의 가나다 순서입니다.
3. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
강 경 숙	이 국 자

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

조나단 에드워즈는 18세(1722년)에 놀라운 회심을 경험한 이후 대략 1여년에 걸쳐, 평생 지켜나갈 자신의 태도와 자세를 70개의 결심문으로 만듭니다. 그는 평생 동안 이 70개의 결심문을 일주일에 한 번씩 반복해 읽으면서 자신의 삶을 끊임없이 돌아보고 거룩한 삶을 추구했습니다. 그 중 12가지만 옮겨 적어봅니다.

4. 하나님의 영광에 도움 되는 것이 아니면 영혼에 관계된 것이든지 육체에 관계된 것이든지 또는 적든지 많든지 간에 어떤 것이라도 절대로 하지 말자. 만일 내가 그런 일을 피할 수 있다면 피하자.
7. 만일 내 생애의 최후 순간이라고 가정했을 때, 하기가 꺼려지는 것이면 절대로 하지 말자.
16. 절대로 다른 사람을 비방하지 말자. 그렇게 하는 것은 다수 간 다른 사람을 불명예스럽게 하는 것이며, 실제로 아무런 유익이 없기 때문이다.
23. 하나님의 영광을 위해서 하는 일이 아닌 것 같이 생각되는 일을 할 때는 매우 신중하게 행하자. 그리고 그 일의 원래 의도와 계획과 목적이 무엇인지 원인을 파악하자. 만일 그 일이 하나님의 영광을 위한 것이 아니라는 것을 알게 되면 그 일을' 결심문4' 를 어기는 것으로 간주하자.
34. 이야기하면서 어떤 사실에 대해서 말할 때는 반드시 참되고 단순한 진실만을 말하자.
37. 매일 밤 잠 자리에 들기 전 내가 게으름을 피웠는지, 내가 무슨 죄를 지었는지, 내가 자신을 부인했는지 등에 대해서 자문해 보자. 또한 매주 말, 매월 말, 매년 말에도 그렇게 하자.
44. 다른 어떤 목적도 아닌 신앙만이 나의 행동에 영향을 미치도록 하자. 신앙적인 목적이 아니라면 어떤 환경 속에서도 행동하지 말자.
45. 신앙에 도움 되는 것이 아니면 그 어떤 것에도 절대로 쾌락이 나 고통, 기쁨이나 슬픔 등을 느끼지 말자. 어떤 감정도, 조금의 감정도 품지 말자. 그리고 그런 것과 관련된 어떤 환경도 만들지 말자.
58. 대화를 나눌 때 불쾌하거나 초조하거나 화를 낸 표정을 짓지 말고 사랑스럽고 즐거우며 친절한 모습을 보이도록 하자.
62. 결코 어떤 일을 의무감으로만 하지 말고, 에베소서 6:6-8에 따라서 기쁘고 자원하는 마음으로 주께 하듯 하고, 사람에게 하듯 하지 말자. 어떤 사람이 어떤 선한 일을 하든지 간에 그는 주께로부터 그대로 받을 것이라는 것을 알자.
68. 약점이든지 죄이든지 간에 내 안에서 발견되는 모든 것을 나 자신에게 솔직히 고백하자.
    만일 그것이 신앙에 관련된 것이면 모든 것을 하나님께 고백하고 필요한 도움을 간구하자.
70. 내가 하는 모든 말이 다른 사람들에게 유익이 되도록 하자.

조나단 에드워즈 (1703. 10. 5 ~ 1758. 3. 22)
미국 청교도 신앙을 물려받은 위대한 신학자·철학자. '대각성운동'으로 알려진 신앙부흥운동을 일으킨 인물로 19세기 선교확장 시기의 선구자들 가운데 하나이다.

주보 2013-1호(통권1호) 2013년 9월 1일

C&MA
큐리오스교회 창립 2013년 9월 1일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 9월 1일

주 일 예 배

오후 2시		인도 : 이동진
* 묵 도	----------	인 도 자
* 찬 송	---------- 1장 ----------	다 같이
* 죄의 고백	----------	다 같이
* 교 독 문	--------- 1번 (시편1편)---------	다 같이
* 신앙고백	--------- 사도신경 ----------	다 같이
찬 송	-----336장(새찬송가 278) -------	다 같이
기 도	----------	강경숙
교회소식	----------	인도자
성경봉독	------ 마태복음 1장 1절 -------	인도자
설 교	----- 복음이란 무엇인가 --------	이동진
찬 송	------ 330장(새찬송가 272) -----	다 같이
봉 헌	------- 71장(새찬송가 50) ------	다 같이
* 주기도문	----------	다 같이
* 송 영	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오

교 회 소 식

1. 교회창립 예배 : 2013년 9월 15일 주일 오후 4시
2. 기도 순서는 전교인의 가나다 순서입니다.
3. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
강 경 숙	이 국 자

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

낡은 의자를 위한 저녁기도

그동안 내가 앉아 있었던 의자들은 모두 나무가 되기를
더 이상 봄이 오지 않아도 의자마다 싱싱한 뿌리가 돋아
땅속 깊이깊이 실뿌리를 내리기를
실뿌리에 매달린 눈물들은 모두 작은 미소가 되며
복사꽃처럼 환하게 땅속을 밝히기를

그동안 내가 살아오는 동안 앉아 있었던 의자들은 모두
플라타너스 잎새처럼 고요히 바람에 흔들리기를
더 이상 새들이 날아오지 않아도 높게 높게 가지를 뻗어
별들이 쉬어가는 숲이 되기를

나는 왜 당신의 가난한 의자가 되어 주지 못하고
당신의 의자에만 앉으려고 허둥지둥 달려왔는지
나는 왜 당신의 의자 한번 고쳐 주지 못하고
부서진 의자를 다시 부수고 말았는지

산다는 것은 결국
낡은 의자 하나 차지하는 일이었을 뿐
작고 낡은 의자에 한 번 앉았다가
일어나는 일이었을 뿐

정호승 : 시인, 시「낡은 의자를 위한 저녁기도」전문

주보 2013-2호(통권2호) 2013년 9월 8일

C&MA
큐리오스교회 창립 2013년 9월 1일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 9월 8일

주 일 예 배

오후 2시		인도 : 이동진
* 묵 도	----------	인 도 자
* 찬 송	---------- 1장 ----------	다 같이
* 죄의 고백	----------	다 같이
* 교 독 문	--------- 2번 (시편2편)---------	다 같이
* 신앙고백	--------- 사도신경 ----------	다 같이
찬 송	----- 88장(새찬송가 88) -------	다 같이
기 도	----------	이국자
환영과 교회소식	----------	인도자
성경봉독	--------마태복음 1:1~17---------	인도자
찬 송	----- 98장(새찬송가 90)-------	다 같이
설 교	----- 예수 그리스도의 계보 I ---	이동진
찬 송	------ 93장(새찬송가 93) -----	다 같이
봉 헌	------ 70장(새찬송가 634) ------	다 같이
* 주기도문	----------	다 같이
* 송 영	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 교회창립 예배 : 2013년 9월 15일 주일 오후 4시
2. 기도 순서는 전교인의 가나다 순서입니다.
3. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
이 국 자	이 동 순

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

지난 주 헌금

주 일 헌 금	$13
감 사 헌 금	$480
십일조 헌금	
기 타	
합 계	$493

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

안녕하세요. 하나님의 가장 충만한 은혜가 여러분에게 있기를 바랍니다. Hidden Creek Community 교회의 교인들과 지도자들을 대신하여 여러분들을 환영합니다. Christian and Missionary Alliance의 서북부 District의 인사말씀을 전합니다. 서북부 지역회장, Randy Shaw께서 큐리오스교회의 탄생에 대한 그의 기쁨을 전해달라고 저에게 부탁하셨습니다. 그 분께서 우리와 함께 여러분을 위해 기도하고 있음을 여러분께서 알기 원하십니다. 저는 큐리오스교회가 이곳 1807 9thAve NW에서 우리와 캄보디아 교회와 예배드리기로 선택한 것을 기쁘게 생각합니다. 만약 누군가가 몇 개의 교회가 이 건물에서 예배를 드리느냐고 묻는다면, 대답은, " 하나" 입니다. 우리는 예수님을 구주로 모시는 하나의 교회입니다.
에베소서 4:4-6 말씀에, " 몸이 하나요 성령도 한 분이시니 이와 같이 너희가 부르심의 한 소망 안에서 부르심을 받았느니라. 주도 한 분이시요 믿음도 하나요 세례도 하나요 하나님도 한 분이시니 곧 만유의 아버지시라 만유 위에 계시고 만유를 통하시고 만유가운데 계시도다."
우리는 하나입니다.
하나님께서 재능과 능력 있는 지도자들에게 큐리오스교회를 맡기셨습니다. 하나님께서 이동진 전도사와 그의 가족에게 예수를 위하여 사람들에게 다가가고자 하는 비전을 주셨습니다. 하나님께서 믿음 안에서 믿는 자들을 세워나가기 위해, 여러분과 더불어 그들을 부르셨습니다. 우리가 함께 예수님께 순종하고 예수의 명령을 따를 때 교회는 더 강하여집니다.
한 2년 전부터, 성령님께서 Hidden Creek Community 교회의 지도자들로 하여금 올림피아 지역에 있는 여러 나라 groups을 향한 우리의 역할에 대하여 기도를 시작하게 하셨습니다. 하나님께서 무슨 일을 하실까 기대 하면서 통역을 할 수 있는 시스템을 샀습니다. 우리는 스페인어로 예배를 통역하며, 1년 넘게 그것을 사용하였습니다. 하지만, 우리의 Spanish 친구들이 떠나게 되었고 시스템은 여러 달 동안 사용하지 않았습니다. 이제 우리는 그것이 왜 구입되었는지 압니다. 그 이유는 우리가 상상할 수 없는 것 이였습니다. 그것은 여러분을 위하여 구입된 것 이였습니다. 여러분은 우리 기도의 응답입니다.
우리 모두는 인류에게 주신 하나님의 은혜의 결과로 여기에 있습니다. 예수께서 죽으셨을 때에 유대인만은 위해 죽은 것이 아닙니다. 또한 로마인과 사마리아인 만을 위해 죽으시지도 않았습니다. 예수께서는 해 아래 있는 모든 민족을 위해 돌아가셨습니다. 여러분과 나를 포함해서입니다. 우리는 하나님의 은혜로 인해 여기에 있습니다. 믿음의 선진들이 복음을 전하는 일에 감사함으로 순종하였기에 우리가 여기에 있는 것입니다. 예수께서 12제자를 보내셨고, 그들은 예수께서 하신 일에 감사함으로 순종하였습니다. 예수에 대한 기쁜 소식을 들은 사람들은 그와 똑같이 하였습니다. 궁극적으로, 그 기쁜 소식은 우리 나라로 왔습니다. 여러분과 나는 그것을 믿었고 우리가 전할 수 있는 모든 사람에게 예수에 대하여 전하는 통로에 계속 머물러 있는 것입니다. 그러므로 우리의 믿음의 선진들 즉, 예수를 따르는 사람들이 복음을 전하는 일에 감사함으로 순종하였기에 우리가 여기에 있는 것입니다.
우리는 다른 이들의 관대함으로 여기에 있습니다. 이 건물은 사람들이 관대하게 주었기에 여기에 있습니다. 아울러 여러분께서 관대하고 희생적으로 주어 왔기에 큐리오스교회가 오늘 세워진 것입니다. 우리가 가지고 있는 어떤 것도 우리에게서 나온 것이 아닙니다. 모든 것은 하나님께서 주신 관대한 선물이고 그에게 속해 있습니다. 우리가 서로를 돌볼 수 있도록 허락하는 이 모든 것들은 하나님 나라에 속해 있습니다. 이 땅에서의 시간이 우리에게 주어졌습니다. 우리는 한 분이신 참 하나님을 섬기는 한 교회입니다. 우리는 독생자에 의해 용서함을 받았고 단 한 분이신 성령님께 권한을 부여 받았습니다. 한 교회, 한 몸, 한 말씀: 예수님은 구세주입니다.
다시 한 번 환영합니다. 여러분이 우리와 함께 있음이 우리게 은혜입니다.
-Hidden Creek Community Church 담임목사 Tim Heffer의 축사전문-
-번역 이성민-

주보 2013-4호(통권4호) 2013년 9월 22일

C&MA
큐리오스교회 창립 2013년 9월 15일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 9월 22일

주 일 예 배

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
* 묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이
* 죄의 고백 Confession of sin	----------	다 같이
* 교 독 문 Responsive Reading	------- 3번 (시편4편)----------	다 같이
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이
찬 송 Hymn	------- 82장(새찬송가 95) -------	다 같이
기 도 Congregation Prayer	----------	이성민
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	--------마태복음 1:1~17---------	인도자
찬 송 Hymn	-----102장(새찬송가 94)--------	다 같이
설 교 Sermon	----- 예수 그리스도의 계보 II-----	이동진
찬 송 Hymn	------- 511장(새찬송가 314) -----	다 같이
봉 헌 Offering	------- 70장(새찬송가 634) ------	다 같이
* 주기도문 Lord's Prayer	----------	다 같이
* 송 영 Closing Song	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 큐리오스교회 창립예배를 2013년 9월 15일 은혜 가운데 주님께 올려드렸습니다. 예배를 위해 기도해주시고 수고하신 분들께 감사드립니다.
2. 다이알 리프트(DIAL-A-LIFT)를 이용하여 교회에 오시는 분들의 교통비 는 교회에서 지급합니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
이 성 민	오 성 계

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

지난 주 헌금

주 일 헌 금	$19
감 사 헌 금	$90
십일조 헌금	$470
기 타 (창립예배헌금)	$7,458
합 계	$8,037

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

2013년 9월 20일자 미주 기독신문에 큐리오스 교회 창립예배에 관한 기사가 실렸습니다.

A2 2013년 9월 20일(금요일) 교계뉴스

큐리오스 교회 창립예배

웨스트 올림피아지역 복음전파의 첨병다짐

큐리오스 교회 이동진 담임 전도사는 지난 15일 창립예배를 드리고 그리스도의 지체로서 복음을 증거하며 주님께서 구원하시기로 작정한 거룩한 교회를 개척 섬기는 사역을 시작했다.

▲ 큐리오스 교회가 창립예배를 드렸다. 이동진 담임전도사(중앙)와 참석한 목회자들이 예배후 기념 사진을 위하여 자리에 함께했다.

올림피아 주 청사와 인접한 Hidden Creek Community Church(담임 Tim Hoffer)에서 드려진 창립예배에는 교단(C&MA) 목회자들과 지역교회 성도들이 자리를 함께 하고 새롭게 출발하는 믿음의 동지들을 축하하고 격려했다.

"주님을 모르고 죽어가는 이 지역 백성들을 복음으로 살리는 일에 귀하게 쓰임받는 교회로 세워주시기를" 윤 호 목사(새교회 담임)가 기도했으며, 예수그리스도 안에서 교회는 하나요, 믿음도 하나여, 한 마음을 소유한 믿는 자로서 서로 사랑하며 용서하고 복음의 신실한 동역자 되기를 Tim Hoffer목사가 축사했으며, 교회다운 교회, 주님의 복음만을 올곧게 전파하는 큐리오스 교회 되기를 정성욱 교수(템버 신학교)가 축사했다.

이규현 교수(펜이스 신학교)는 1)하나님의 말씀을 함께 탐구하여 진리만을 전하는 사역자, 2)성령님의 인도 하심이 항상 함께하는 사역자, 3)말씀으로 먼저 변화 받는 인격적이 사역자가 되기를 이동진 선교사에게, 마음 속에 말씀으로 십자가를 세우고 천하보다 귀한 영혼구원에 귀하게 쓰임 받기를 성도들 함께 각각 권면했으며 하나님의 영광이 교회를 통하여 드러나기를 김창명 목사(신광교회 담임)가 봉헌 기도 드렸다.

예배의 설교는 김상수 목사(은광교회 담임)가 담당했다. 출애굽기 4장 1절로 20절을 본문으로 "지팡이"를 제목으로 설교한 김 목사는 "자신의 힘으로 동족을 구원 하려던 모세가 도망하여 40년을 광야에서 훈련받고 자신의 무력함을 고백 할 때 하나님은 마른 막대기에 불과한 그의 지팡이에 권능을 덧 입혔다"며 우리 모두가 "자신의 처지와 입장을 정확히 깨닫고 전지하시며 전능하신 하나님의 주권을 인정하고 순종한다면 모세에게 하락하셨던 권능의 지팡이가 동일하게 함께 할 것"임을 증거하며 큐리오스 교회와 성도들에게 주님의 권능의 지팡이가 함께하기를 축원했다.

창립 예배는 축도를 담당한 윤영주 목사(동산교회 담임)의 요청으로 이동진 전도사와 사모위에 예배에 참석한 목회자들이 안수 기도하고 이 전도사에게 권능을 덧 입혀 주셔서 달게진 사역을 온전히 담당하게 하시기를 축도함으로 모두 마쳤다. (임정연 기자)

주보 2013-5호(통권5호) 2013년 9월 29일

C&MA

큐리오스교회 창립 2013년 9월 15일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 9월 29일

주 일 예 배

오후 2시 — 인도:이동진

준비 찬양 Prelude	----------	이성민
* 묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이
* 죄의 고백 Confession of sin	----------	다 같이
* 교 독 문 Responsive Reading	------- 4번 (시편5편)----------	다 같이
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이
찬 송 Hymn	------ 91장(새찬송가 91) -------	다 같이
기 도 Congregation Prayer	----------	오성계
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	-------마태복음 1:18-25--------	인도자
찬 송 Hymn	-----187장(새찬송가 255)--------	다 같이
설 교 Sermon	----- 예수님 탄생의 비밀 I -----	이동진
찬 송 Hymn	------ 491장(새찬송가 434) -----	다 같이
봉 헌 Offering	------ 70장(새찬송가 634) ------	다 같이
* 주기도문 Lord's Prayer	----------	다 같이
* 송 영 Closing Song	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 큐리오스교회 창립예배를 2013년 9월 15일 은혜 가운데 주님께 올려드렸습니다. 예배를 위해 기도해주시고 수고하신 분들께 감사드립니다.
2. 다이알 리프트(DIAL-A-LIFT)를 이용하여 교회에 오시는 분들의 교통비 는 교회에서 지급합니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
오 성 계	이 동 순

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

지난 주 헌금

주 일 헌 금	$48
감 사 헌 금	$0
십일조 헌금	$410
기 타	$0
합 계	$458

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

정서진 노을 종소리

이어령

저녁노을이 종소리로 울릴 때
나는 비로소 땀이 노동이 되고
눈물이 사랑이 되는 비밀을 알았습니다.

낮에는 너무 높고 눈부셔 볼 수 없던 당신을
이제야 내 눈높이로 바라 볼 수가 있습니다.
너무 가까워 노을빛이 내 심장의 피가 됩니다.

저녁이면 길어지는 하루의 그림자를 근심하다가
사랑이 저렇게 붉게 타는 것인줄 몰랐습니다
사람의 정이 그처럼 넓게 번지는 것을 잊어버렸습니다.

종이 다시 울려면 바다의 침묵이 있어야 하고
내일 해가 다시 뜨려면 날마다 저녁노을 져야 하듯이
내가 웃으려면 오늘 울어야 하는 것을 이제 압니다.

내 피가 생명의 노을이 되어 땅 끝에 번지면
낯선 사람이 친구가 되고 애인이 되고 가족이 됩니다.
빛과 어둠이 어울려 반음계 높아진 노을 종이 울립니다.

주보 2013-6호(통권6호) 2013년 10월 06일

C&MA
큐리오스교회 창립 2013년 9월 15일

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2013년 10월 06일

주 일 예 배

오후 2시 — 인도:이동진

준비 찬양 Prelude	----------	이성민
* 묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이
* 죄의 고백 Confession of sin	----------	다 같이
* 교 독 문 Responsive Reading	------- 5번 (시편8편)----------	다 같이
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이
찬 송 Hymn	------- 89장(새찬송가 89) -------	다 같이
기 도 Congregation Prayer	----------	이동순
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	--------마태복음 1:18-25---------	인도자
찬 송 Hymn	-----424장(새찬송가 380)---------	다 같이
설 교 Sermon	----- 예수님 탄생의 비밀 II-----	이동진
찬 송 Hymn	------- 490장(새찬송가 433) -----	다 같이
봉 헌 Offering	------- 71장(새찬송가 50) ------	다 같이
* 주기도문 Lord's Prayer	----------	다 같이
* 송 영 Closing Song	----------	다 같이

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 큐리오스교회 창립예배를 2013년 9월 15일 은혜 가운데 주님께 올려드렸습니다. 예배를 위해 기도해주시고 수고하신 분들께 감사드립니다.
2. 다이알 리프트(DIAL-A-LIFT)를 이용하여 교회에 오시는 분들의 교통비 는 교회에서 지급합니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서

이 번 주	다 음 주
이 동 순	이 영 옥

헌 금 위 원

이 번 주	다 음 주
이 한 빛	이 한 빛

지난 주 헌금

주 일 헌 금	$16
감 사 헌 금	$140
십일조 헌금	$0
기 타	$0
합 계	$156

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

또 각각 자기 나라 사람과 각각 자기 형제를 가르쳐 이르기를 주를 알라 하지 아니할 것은 그들이 작은 자로부터 큰 자까지 다 나를 앎이라 (히 8:11)

하나님이 성경을 주신 목적은 크게 세 가지입니다.

첫째는 하나님편에서 당신이 어떤 분이신지를 계시하는 것
둘째는 우리 편에서 우리가 하나님을 알고 구원을 받는 것
셋째는 양자의 편에서 하나님과 우리가 친밀하게 교제하는 것입니다.

새 언약은 하나님의 사랑과 공의, 신실과 거룩 그리고 은혜와 자비를 계시해 줍니다. 그리고 우리로 하여금 하나님을 알게 하고, 믿게 하며, 그 결과 죄사함과 구원을 얻게 합니다. 또한 새 언약은 하나님과 우리가 친밀한 인격적 교제를 누리게 합니다.
그래서 이제 새 언약 안으로 들어간 사람들에게는 하나님을 알라고 명령할 필요가 없습니다. 심령에 내주하시는 성령이 스승 되셔서 진리를 가르치시고 거룩한 뜻을 깨달아 예수를 알게 하시기 때문입니다.
물론 도구적으로 가르치는 역할을 감당할 목사님이나 교사들이 필요합니다. 그러나 궁극적으로 우리가 하나님을 알고, 믿고, 하나님과 교제하게 하시는 분은 바로 성령이십니다.
새언약은 성령님의 인도와 능력을 따라 하나님을 알고 하나님과 교제하도록 이끄는 언약입니다.

오늘도 우리 안에 계신 성령님을 의지합시다.
우리 안에 추악하고 강력한 죄성이 남아있지만, 그 죄의 권세보다 강하신 전능하신 성령님이 살아계시기에 우리는 끝내 승리하게 됩니다. 성숙하게 됩니다. 이기게 됩니다.
문제는 우리가 얼마나 성령님을 인정하고 성령님의 소욕을 선택하느냐에 달려 있습니다.
오늘도 성령님을 선택함으로 새 언약이 약속한 신지식과 주님과의 교제를 풍성하게 누리시길 기도합니다.

[정성욱 목사: 덴버신학교 조직신학교수, 큐리오스인터내셔날 대표]

주보 2016-19(통권143호) 2016년 05월 08일
C&MA
큐리오스교회 창립 2013년 9월 15일
2016년도 교회표어 " 새 사람을 입으라" (엡4:24)
" Put on the New Self"(Ephesians4:24)

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2016년 05월 08일 # 주 일 예 배

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이 Together
* 죄의 고백 Confession of sin	----------	다 같이 Together
* 교 독 문 Responsive Reading	---------49(시편 108편)---------	다 같이 Together
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이 Together
찬 송 Hymn	----------19(통일 44)----------	다 같이 Together
기 도 Congregation Prayer	----------	강경숙
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	---------마태복음 25:31~46------	인도자
찬 송 Hymn	--------298장(통일 35)----------	다 같이 Together
설 교 Sermon	----------양과 염소----------	이동진
찬 송 Hymn	---------540장(통일 219)----------	다 같이 Together
봉 헌 Offering	---------634장(통일 70) ---------	다 같이 Together
* 주기도문 Lord's Prayer	----------	다 같이 Together
* 축도 Benediction	----------	이동진
* 송 영 Closing Song	----------	다 같이 Together

* 표는 자리에서 모두 일어나 주십시오

헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 오늘은 어머니날입니다.
2. 성도 간에 기도 제목을 나누며 서로 위하여 기도하시기 바랍니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서(Pray)

이 번 주(This Week)	다 음 주(Next Week)
강 경 숙	이 동 순

헌 금 위 원

이 번 주	다 음 주
이 한 얼	이 한 얼

지난 주 헌금

주 일 헌 금	$41
감 사 헌 금	$0
십일조 헌금	$584
기 타	$0
합 계	$625

수요성경공부

시 간	장 소(구역원 집)
5월 11일 3시	이 영 옥

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

예수님이 참된 스승이십니다

사랑하는 여러분,
오늘 귀한 주일 보내시길 기도합니다.
오늘은 주일이면서 스승의 날입니다. 저도 고국에 계신 세 분의 스승께 인사를 드렸습니다.

하지만 다시 생각해 보면 우리 주님 예수님이야 말로 참된 스승이십니다. 예수님은 세상에 계실 때 랍비라고 불리셨습니다. 랍비라는 말 자체가 선생과 스승의 의미를 가지고 있습니다.
그래서 우리가 예수님을 주님과 구주로 믿고 영접할 때에 우리는 주님을 우리의 스승으로, 매스터 master로 영접하는 것이며, 우리 자신이 주님의 제자가 되었음을 인정하는 것입니다.
따라서 우리 죄를 회개하고 예수님을 의지하겠다는 회심의 결단은 "내 멍에를 매고 내게 배우라"고 하신 주님을 따르는 자가 되겠다는 결단이며, 자기를 부인하고 자기 십자가를 지고 주님을 따르겠다는 결단인 것입니다.
우리의 스승이신 예수님은 오늘도 성령을 통하여 우리에게 말씀과 진리를 가르쳐 주십니다. 하나님이 어떤 분이신지 그리고 예수님의 영광과 존귀하심이 어떠한지를 계속 깨닫게 하십니다. 단순히 깨닫게 하실뿐만 아니라 우리로 하여금 예수님의 인격과 삶을 본받아 가도록 이끌어 주십니다.

예수님이 우리의 참된 스승이십니다. 그리고 완전한 스승이십니다.
주님은 우리에게 가르치신 그대로 삶으로 보여주시는 분이십니다. 완전한 본보기와 사표가 되십니다.
또한 우리가 주님과 같은 사람이 되도록 계속 다듬어 가시는 분입니다.

오늘도 바로 그 예수님께 우리의 시선과 생각을 고정하고 주님과 친밀하게 동행하는 복된 하루 되시길 기도합니다.

예수님, 존경합니다! 예수님, 사랑합니다!

[정성욱 목사: 덴버신학교 조직신학교수, 큐리오스인터내셔날 대표]

주보 2016-20(통권144호) 2016년 05월 15일

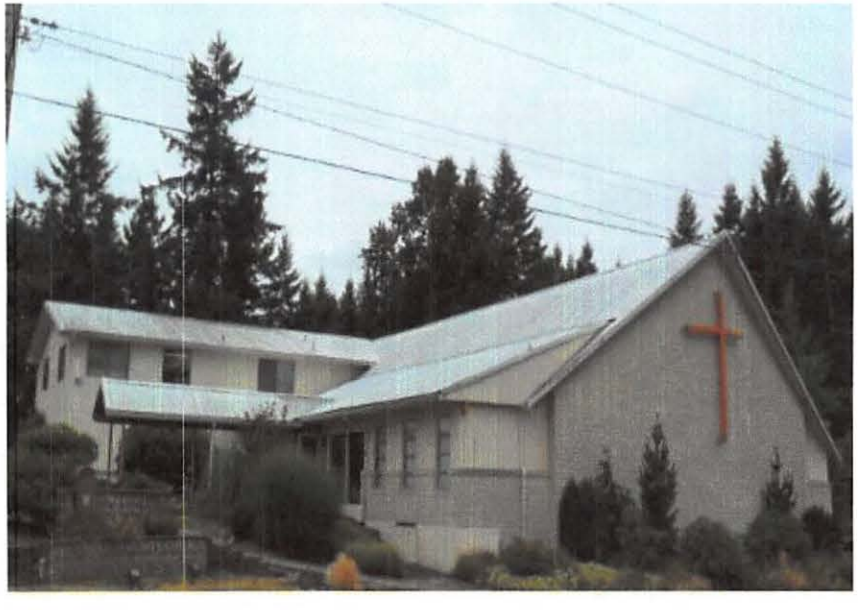
C&MA

큐리오스교회 창립 2013년 9월 15일

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

큐리오스 교회



1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2016년 05월 15일 # 주 일 예 배

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이 Together
* 죄의 고백 Confession of sin	----------	다 같이 Together
* 교 독 문 Responsive Reading	---------50(시편 116편)---------	다 같이 Together
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이 Together
찬 송 Hymn	----------21(통일 21)----------	다 같이 Together
기 도 Congregation Prayer	----------	이동순
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	--------마태복음 26:1~16------	인도자
찬 송 Hymn	--------338장(통일 364)---------	다 같이 Together
설 교 Sermon	--------예수를 죽이려는 음모--------	이동진
찬 송 Hymn	--------359장(통일 401)---------	다 같이 Together
봉 헌 Offering	--------634장(통일 70) --------	다 같이 Together
* 주기도문 Lord's Prayer	----------	다 같이 Together
* 축도 Benediction	----------	이동진
* 송 영 Closing Song	----------	다 같이 Together

* 표는 자리에서 모두 일어나 주십시오

헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 육체적인 아픔으로 고통 중에 있는 가족과 이웃을 위해 기도 부탁드립니다.
2. 성도 간에 기도 제목을 나누며 서로 위하여 기도하시기 바랍니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서(Pray)

이 번 주(This Week)	다 음 주(Next Week)
이 동 순	이 성 민

헌 금 위 원

이 번 주	다 음 주
이 한 얼	이 한 얼

지난 주 헌금

주 일 헌 금	$22
감 사 헌 금	$0
십일조 헌금	$70
기 타	$0
합 계	$92

수요성경공부

시 간	장 소(구역원 집)
5월 18일 12시 30분	이 영 옥

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 800여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

또 둘째 휘장 뒤에 있는 장막을 지성소라 일컫나니 (히 9:3)

말씀을 소홀히 하는 만큼 우리의 신앙생활도 흔들리게 됩니다. 매일 말씀에 정진하시는 여러분 되시길 기도합니다.

히브리서 기자는 계속해서 성막을 묘사하고 있습니다.
둘째 휘장이란 성소와 지성소 사이에 있는 휘장입니다. 죄인은 어느 누구도 이 휘장을 통과해서 지성소로 들어갈 수 없었습니다. 오직 대제사장만이 일년에 단 한번 제물의 피를 들고서 들어갈 수 있었습니다.
대제사장도 법도를 지키지 않거나 불결함이 드러나면 그 자리에서 죽음을 당했습니다. 지성소가 아니면 하나님을 뵐 수 없었습니다. 지성소는 하나님이 임재해 계시는 지극히 거룩한 장소였습니다.

예수님이 십자가에서 운명하실 때 이 휘장이 찢어졌습니다. 마침내 죄인들도 예수님의 보혈을 의지하여 지성소 안으로 들어갈 수 있게 되었습니다. 담대하게 하나님의 존전으로 나아갈 수 있게 되었습니다.

예수님이 우리 죄를 속하기 위하여 피흘려 죽으시지 않으셨다면 지금도 우리는 영원한 절망과 저주 속에 신음하면서 살았을 것입니다. 죄와 마귀의 종노릇하면서 살다가 영원히 멸망 받았을 것입니다.

그러나 우리를 사랑하신 주님께서 우리를 위해 당신의 생명을 드려 주셨기에 우리는 완전한 죄사함과 영단번의 칭의와 영원한 생명과 자녀의 명분과 상속자의 특권과 왕같은 제사장의 신분을 얻었습니다. 할렐루야!

주님을 찬양합니다! 오늘도 이 주님께 감사하는 마음으로 주님과 친밀하게 동행하는 복된 하루 되시길 기도합니다.
성화의 과정은 주님과의 관계가 더 깊어지고, 찐해지고, 견고해지는 과정입니다. 말씀과 성례와 기도를 통하여 날마다 더 성화되는 복된 삶 누리시길 기도합니다.

[정성욱 목사: 덴버신학교 조직신학교수, 큐리오스인터내셔날 대표]

주보 2016-21(통권145호) 2016년 05월 22일
C&MA
큐리오스교회 창립 2013년 9월 15일
2016년도 교회표어 " 새 사람을 입으라" (엡4:24)
" Put on the New Self"(Ephesians4:24)

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2016년 05월 22일 # 주 일 예 배

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이 Together
* 죄의 고백 Confession of sin	----------	다 같이 Together
* 교 독 문 Responsive Reading	--------51(시편 118편)---------	다 같이 Together
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이 Together
찬 송 Hymn	----------23(통일 23)----------	다 같이 Together
기 도 Congregation Prayer	----------	이동순
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	--------마태복음 26:26~29------	인도자
찬 송 Hymn	-------232장(통일 282)---------	다 같이 Together
설 교 Sermon	----------최후의 만찬----------	이동진
찬 송 Hymn	---------150장(통일 135)---------	다 같이 Together
봉 헌 Offering	--------634장(통일 70) --------	다 같이 Together
* 주기도문 Lord's Prayer	----------	다 같이 Together
* 축도 Benediction	----------	이동진
* 송 영 Closing Song	----------	다 같이 Together

* 표는 자리에서 모두 일어나 주십시오

헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 지난 주 중에 죠슈아가 간단한 수술을 받았습니다. 기도 부탁드립니다.
2. 성도 간에 기도 제목을 나누며 서로 위하여 기도하시기 바랍니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서(Pray)

이 번 주(This Week)	다 음 주(Next Week)
이 동 순	이 성 민

헌 금 위 원

이 번 주	다 음 주
이 한 엽	이 한 엽

지난 주 헌금

주 일 헌 금	$16
감 사 헌 금	$0
십일조 헌금	$584
기 타	$0
합 계	$600

수요성경공부

시 간	장 소(구역원 집)
5월 25일 7시 30분	이 성 민

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

이 모든 것을 이같이 예비하였으니 제사장들이 항상 첫장막에 들어가 섬기는 예식을 행하고 (히 9:6)

히브리서 기자는 계속해서 구약의 제사제도에 대해서 묘사합니다.

레위 지파에 속한 제사장들이 항상 첫장막에 들어가 섬겼다고 말씀합니다. 여기서 첫 장막이란 성소를 일컫습니다.
레위 지파에 속한 제사장들은 여러가지 임무와 봉사를 맡았으나 가장 중요한 것은 매일의 희생제사를 드리는 것이었습니다.
제사장들이 드렸던 매일의 제사는 장차 참 제사장이요, 큰 대제사장이신 예수님이 오셔서 영단번의 영원한 제사를 드리심으로 완전히 성취하셨습니다.
이제 우리 모든 그리스도인은 예수님을 주님과 구주로 믿음으로 말미암아 예수님과 연합되었습니다. 예수님과 연합함으로 말미암아 모든 그리스도인은 영적인 제사장이 되었습니다.
그리고 영적인 제사장으로서 우리 그리스도인이 하는 모든 일은 영적인 제사요, 영적인 예배가 되었습니다
따라서 우리의 삶 자체가 제사요, 예배가 된 것입니다.
Life 자체가 Worship이 된 것입니다. Life As Worship!

주님은 너희가 먹든지 마시든지 무엇을 하든지 하나님의 영광을 위해서 하라고 말씀하십니다. 무엇을 하든지 예배가 되게하라는 뜻입니다. 먹고, 마시고, 잠자고, 일하고, 만나고, 대화하는 모든 일들을 주님 앞에서 예배가 되게 하라는 것입니다.
그렇게 하려면 우리의 시선과 생각이 예수님께 집중되고 고정되어야 합니다. 이것은 훈련되지 않고는 불가능한 일입니다.

매일 매일의 일상에서 주님에 대한 집중력을 기르는 것이 우리의 영적 훈련의 핵심이 되어야 합니다.

우리 모두 그렇게 살아갈 수 있도록 주님께서 인도해 주시길 간구합니다.

[정성욱 목사: 덴버신학교 조직신학교수, 큐리오스인터내셔날 대표]

주보 2016-22(통권146호) 2016년 05월 29일

C&MA
큐리오스교회 창립 2013년 9월 15일
2016년도 교회표어 " 새 사람을 입으라" (엡4:24)
" Put on the New Self"(Ephesians4:24)

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2016년 05월 29일 # 주 일 예 배

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이 Together
* 죄의 고백 Confession of sin	----------	다 같이 Together
* 교 독 문 Responsive Reading	---------52(시편 119편)---------	다 같이 Together
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이 Together
찬 송 Hymn	----------25(통일 25)----------	다 같이 Together
기 도 Congregation Prayer	----------	이성민
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	---------마태복음 26:31~35------	인도자
찬 송 Hymn	--------337장(통일 363)---------	다 같이 Together
설 교 Sermon	---------베드로의 부인----------	이동진
찬 송 Hymn	---------342장(통일 395)---------	다 같이 Together
봉 헌 Offering	---------634장(통일 70) ---------	다 같이 Together
* 주기도문 Lord's Prayer	----------	다 같이 Together
* 축도 Benediction	----------	이동진
* 송 영 Closing Song	----------	다 같이 Together

* 표는 자리에서 모두 일어나 주십시오

헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 김윤영학생이 계획했던 학업을 마치고 6월 9일 한국으로 귀국합니다. 이 곳의 모든 일정이 순조롭게 마무리 되고, 한국에서의 남은 학업의 좋은 결과와 건강회복을 위하여 기도 부탁드립니다.
2. 성도 간에 기도 제목을 나누며 서로 위하여 기도하시기 바랍니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서(Pray)

이 번 주(This Week)	다 음 주(Next Week)
이 성 민	이 영 옥

헌 금 위 원

이 번 주	다 음 주
이 한 얼	이 한 얼

지난 주 헌금

주 일 헌 금	$41
감 사 헌 금	$0
십일조 헌금	$30
기 타	$0
합 계	$71

수요성경공부

시 간	장 소(구역원 집)
6월 1일 12시	이 동 순

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

자 유 게 시 판

성령이 이로써 보이신 것은 첫 장막이 서 있을 동안에는 성소에 들어가는 길이 아직 나타나지 아니한 것이라 (히 9:8)

히브리서 기자는 계속해서 구약의 제사제도에 대해서 설명합니다. 그는 "성령이 보이셨다"고 말씀함으로 구약의 모든 계시가 성령이 주신 것임을 확증합니다.

여기서 첫 장막이란 구약의 성막을 의미합니다. 혹은 옛 언약하에 있는 성막과 성전 모두를 뜻합니다. 구약의 성막이 서 있을 동안에는 성소에 들어가는 길이 나타나지 아니했다고 말씀합니다. 여기서 성소란 문맥상으로 볼 때 지성소라고 보아야 합니다.

다시 말하면 구약의 성막과 성전 제도 하에서는 하나님의 백성이 지성소에 들어갈 수 없었습니다. 즉 하나님과의 친밀한 인격적 교제가 불가능했습니다. 오직 대제사장만 그것도 일 년에 한번만 들어갈 수 있었습니다. 한번 들어가더라도 하나님과의 친밀한 교제는 불가능 했습니다.

이제 새언약하에서는 매일 매순간 자유롭고 담대하게 하나님의 존전에 들어가서 하나님과 친밀하게 교제할 수 있게 되었습니다.

그것은 오직 우리의 중보자가 되시는 예수님이 당신의 보배로운 피를 흘려 주셨기 때문입니다.

찬양가사대로 보혈을 지나 하나님 품으로 나아갈 수 있게 되었습니다.

그런 의미에서 새 언약은 옛 언약보다 더 좋은 언약이며, 더 놀라운 영적 복을 전달해 줍니다.

오늘도 예수님 안에서 참으로 복된 새 언약 백성의 삶, 하나님의 자녀된 존귀한 삶 살아가시길 간절히 기도합니다.

[정성욱 목사: 덴버신학교 조직신학교수, 큐리오스인터내셔날 대표]

주보 2016-23(통권147호) 2016년 06월 05일

C&MA

큐리오스교회 창립 2013년 9월 15일

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

큐리오스 교회

1807 9th Ave SW. Olympia, WA 98502
Tel : (360) 628-0910
E-mail : kurios130901@gmail.com

2016년 06월 05일 # 주 일 예 배

2016년도 교회표어 " 새 사람을 입으라" (엡4:24)

" Put on the New Self"(Ephesians4:24)

오후 2시		인도:이동진
준비 찬양 Prelude	----------	이성민
묵 도 Silent Prayer	----------	인 도 자
* 찬 송 Hymn	---------- 1장 ----------	다 같이 Together
* 죄의 고백 Confession of sin	----------	다 같이 Together
* 교 독 문 Responsive Reading	---------53(시편 121편)---------	다 같이 Together
* 신앙고백 Apostles Creed	----------사도신경 ----------	다 같이 Together
찬 송 Hymn	----------26(통일 14)----------	다 같이 Together
기 도 Congregation Prayer	----------	이영욱
환영과 교회소식 Welcome&Announcement	----------	인도자
성경봉독 Scripture Reading	--------마태복음 26:36~46--------	인도자
찬 송 Hymn	--------360장(통일 402)---------	다 같이 Together
설 교 Sermon	---------겟세마네 기도----------	이동진
찬 송 Hymn	--------341장(통일 367)---------	다 같이 Together
봉 헌 Offering	--------634장(통일 70) --------	다 같이 Together
성찬식 Communion	----------	이동진
* 주기도문 Lord's Prayer	----------	다 같이 Together
* 축도 Benediction	----------	이동진
* 송 영 Closing Song	----------	다 같이 Together

* 표는 자리에서 모두 일어나 주십시오
헌금은 들어오실 때 헌금함에 넣어 주세요

교 회 소 식

1. 오늘은 성찬식이 있습니다.
김윤영학생이 계획했던 학업을 마치고 6월 9일 한국으로 귀국합니다. 이 곳의 모든 일정이 순조롭게 마무리 되고, 한국에서의 남은 학업의 좋은 결과와 건강회복을 위하여 기도 부탁드립니다.
2. 성도 간에 기도 제목을 나누며 서로 위하여 기도하시기 바랍니다.
3. 주보에 성명 기재 시 모든 호칭과 직분은 생략합니다.
4. 기도 순서는 전교인의 가나다 순서입니다.
5. 예배 후 교제 시간이 있습니다.

기 도 순 서(Pray)

이 번 주(This Week)	다 음 주(Next Week)
이 영 옥	강 경 숙

헌 금 위 원

이 번 주	다 음 주
이 한 얼	이 한 얼

지난 주 헌금

주 일 헌 금	$22
감 사 헌 금	$0
십일조 헌금	$614
기 타	$0
합 계	$636

수요성경공부

시 간	장 소(구역원 집)
6월 8일 7시 30분	이 성 민

※ 큐리오스(KURIOS)는 헬라어로 ' 주님' 이라는 뜻입니다.

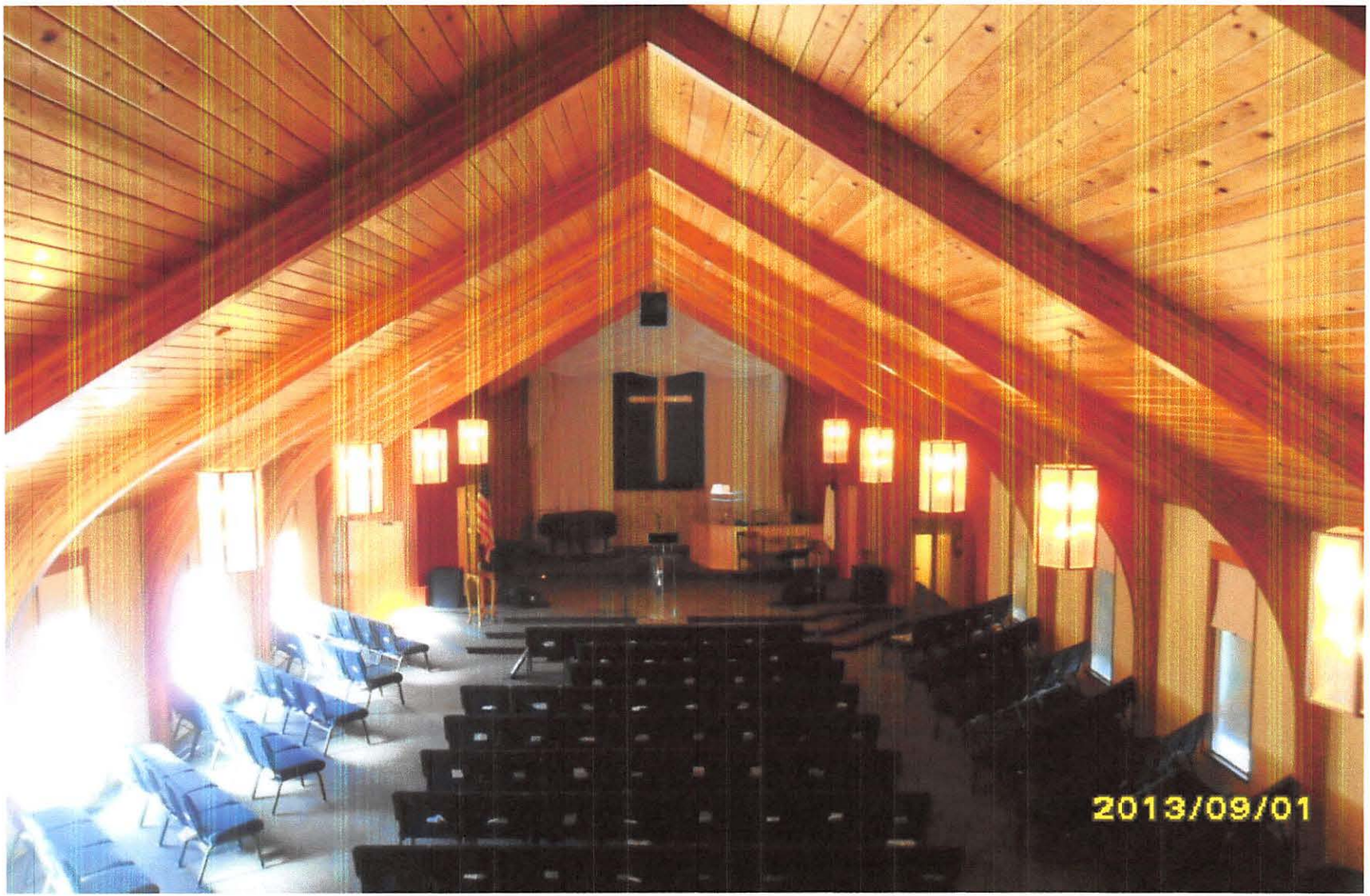
C&MA는 (www.cmalliance.org) 현재 미국 내에 2000여개의 교회와 약40만명의 성도, 세계 81개국에 2만여개의 선교지교회와 세계선교의 비전에 초점을 맞추어 사역하는 복음주의 교단으로 현재 미국에서만 전세계로 900여명의 선교사를 파송한 교단이며 C&MA의 각종 사역을 통해서는 한 해에 20만명 이상의 사람들이 복음을 듣고 거듭나는 역동적인 교단입니다.

Kurios Church of the Christian & Missionary Alliance

Photographs

Church Building (Outside)

Church (Inside)



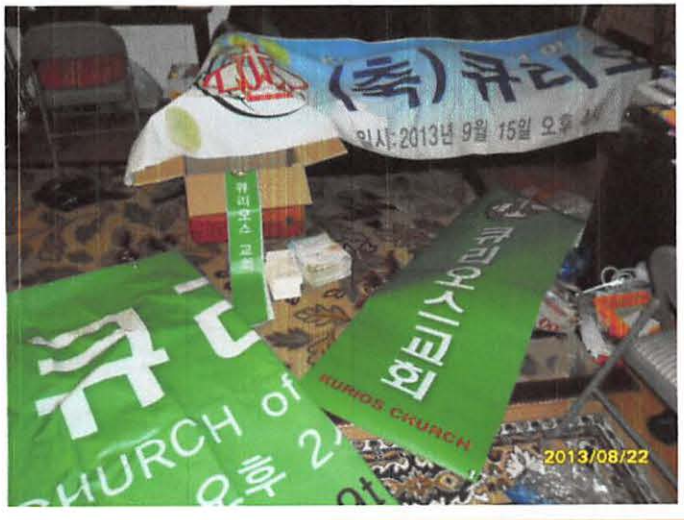
Church Sign

큐리오스 교회
KURIOS CHURCH of Christian and Missionary Alliance
예배시간 : 주일 오후 2시 담임 : 전도사 이종진(360-628-0910)
주소 : 1607 9th Ave SW, Olympia, WA 98502
2013/09/01

2013년

Invitation for the Establishment Worship Service

Preparation for Establishment Worship Service



Establishment of Kurios Church

Establishment of Kurios Church

큐리오스 교회 창립예배

웨스트 올림피아지역 복음전파의 첨병다짐

큐리오스 교회(이동진 담임 전도사)는 지난 15일 창립예배를 드리고 그리스도의 지체로서 복음을 증거하며 주님께서 구원하시기로 작정한 거룩한 교회를 개척 일으키는 사역을 시작했다.

▲ 큐리오스 교회가 창립예배를 드렸다. 이동진 담임전도사(중앙)와 참석한 목회자들이 예배후 기념 사진을 위하여 자리에 함께했다.

올림피아 주 청사와 인접한 Hidden Creek Community Church(담임 Tim Heffer)에서 드려진 창립예배에는 교단(C&MA) 목회자들과 지역교회 성도들이 자리를 함께 하고 새롭게 출발하는 믿음의 동지들을 축하하고 격려했다.

"주님을 모르고 죽어가는 이 지역 백성들을 복음으로 살리는 일에 귀하게 쓰임받는 교회로 세워주시기를" 원 호 목사(새교회 담임)가 기도했으며, 예수그리스도 안에서 교회는 하나요, 말씀도 하나며, 한 마음을 소유한 믿는 자로서 서로 사랑하며 용서하고 복음의 신실한 동역자 되기를 Tim Heffer목사가 축사했으며, 교회다운 교회, 주님의 복음만을 올곳게 전파하는 큐리오스 교회 되기를 정성욱 교수(덴버 신학교)가 축사했다.

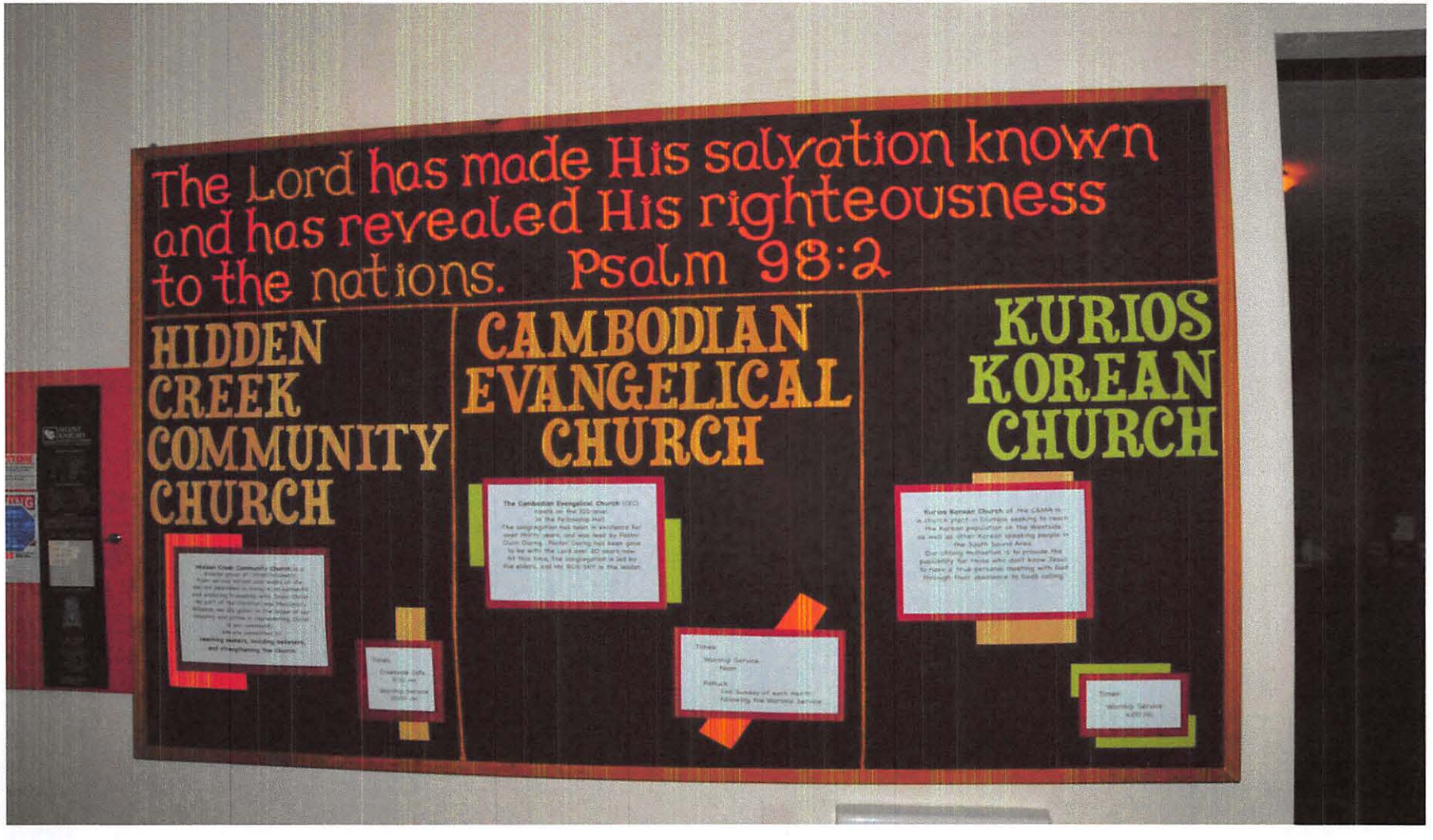
이규현 교수(펜이스 신학교)는 1)하나님의 말씀을 힘써 탐구하여 진리만을 전하는 사역자, 2)성령님의 인도 하심이 항상 함께하는 사역자, 3)말씀으로 먼저 변화 받는 인격적이 사역자가 되기를 이동진 선교사에게, 마음 속에 말씀으로 십자가를 세우고 천하보다 귀한 영혼구원에 귀하게 쓰임 받기를 성도를 향해 각각 권면했으며 하나님의 영광이 교회를 통하여 드러나기를 김창명 목사(신광교회 담임)가 봉헌 기도 드렸다.

예배의 설교는 김상수 목사(은광교회 담임)가 담당했다. 출애굽기 4장 1절로 20절을 본문으로 "지팡이"를 제목으로 설교한 김 목사는 "자신의 힘으로 동족을 구원 하려던 모세가 도망하여 40년을 광야에서 훈련받고 자신의 무력함을 고백 할 때 하나님은 마른 막대기에 불과한 그의 지팡이에 권능을 덧 입혔다"며 우리 모두가 "자신의 처지와 임장을 정확히 깨닫고 전지하시며 전능하신 하나님의 주권을 인정하고 순종한다면 모세에게 허락하셨던 권능의 지팡이가 동일하게 함께 할 것"임을 증거하며 큐리오스 교회와 성도들에게 주님의 권능의 지팡이가 함께하기를 축원했다.

창립 예배는 축도를 담당한 윤영주 목사(동산교회 담임)의 요청으로 이동진 전도사와 사모위에 예배에 참석한 목회자들이 안수 기도하고 이 전도사에게 권능을 덧 입혀 주셔서 맡겨진 사역을 온전히 담당하게 하시기를 축도함으로 모두 마쳤다. (임정연 기자)

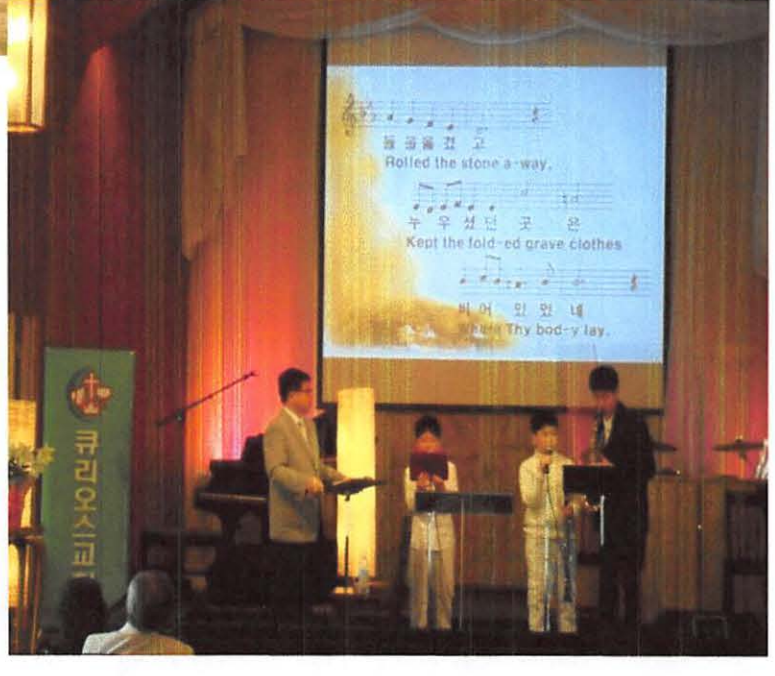
News Article on the Establishment of Kurios Church

Church Information Board



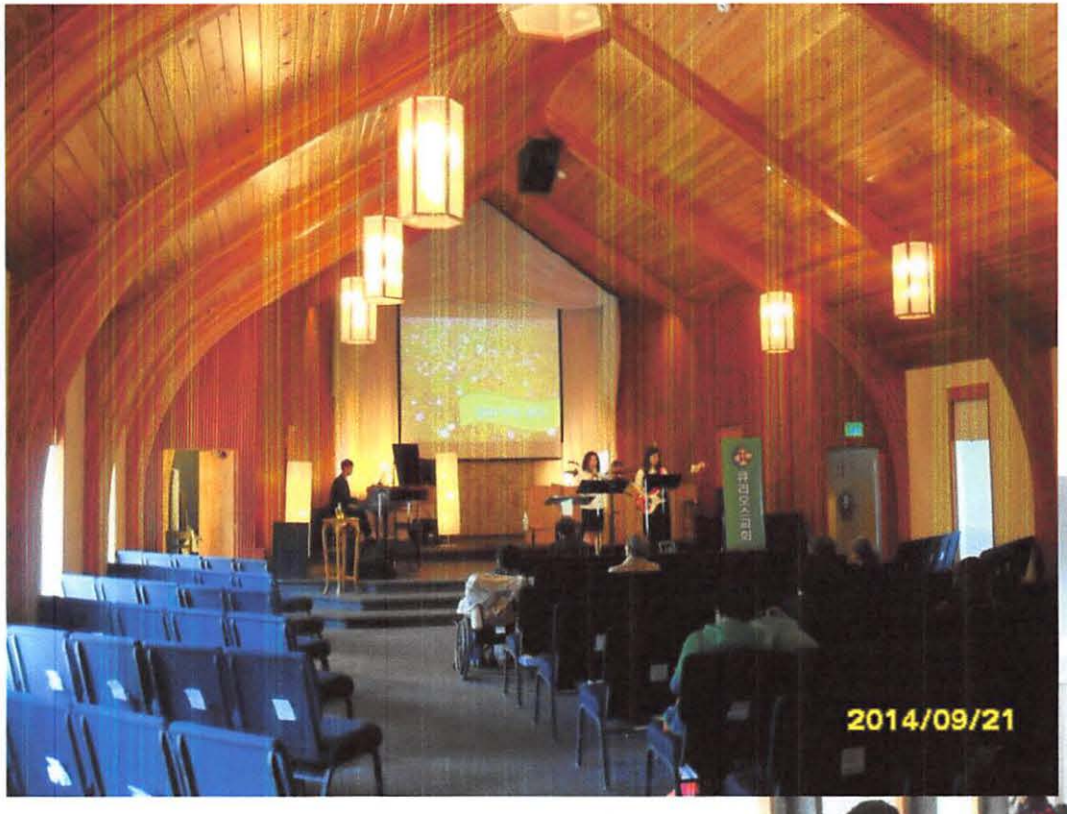
2014년

Church Activities



2014 Easter Sunday

1 Year Anniversary



2015년

2 Year Anniversary

초대합니다! INVITATION

주님의 은혜와 평강이 귀하와 가정에 충만하기를 기도합니다.
하나님의 은혜로 부족한 제가 목사안수를 받게 되었습니다.
C&MA의 복음 사역을 위한 하나님의 종으로 위임되고 성별되는 귀한 예식에 초청하오니,
부디 오셔서 하나님의 나라와 의를 먼저 구하는 신실한 종으로 세워지는 저를
축복하여 주시고 격려하여 주시면 대단히 감사하겠습니다.

May Grace and Peace of Jesus Christ be with you and your family!
Thanks to God's grace, I humbly announce that I will be ordained
and consecrated as a servant of God in the ministry of the Christian and Missionary Alliance.
Please join me for the ceremony and offer me your blessing and encouragement.
I will be honored to become an ordained minister and faithful servant
who will seek God's kingdom and righteousness. Thank you!

목사안수 받는자 이 동 진 올림 / From Ordination Candidate Dong Jin Lee

이동진목사 안수예배 Ordination

- 주최 C&MA 한인총회
- 주관 서북부지역회
- 일시 2015년 12월 27일(주일) 오후5시
- 장소 큐리오스교회 본당
  1807 9th Ave SW. Olympia, WA 98502(360-628-0910)

- Auspices Korean District of the C&MA
- Supervision West-North Region
- Date December 27th, Sun, 2015, 5PM
- Place Kurios Church
  1807 9th Ave SW. Olympia, WA 98502(360-628-0910)

Invitation for Rev. Dong Jin Lee's Ordination Ceremony

이동진목사 안수예배

2015. 12. 27.

큐리오스교회 KURIOS CHURCH

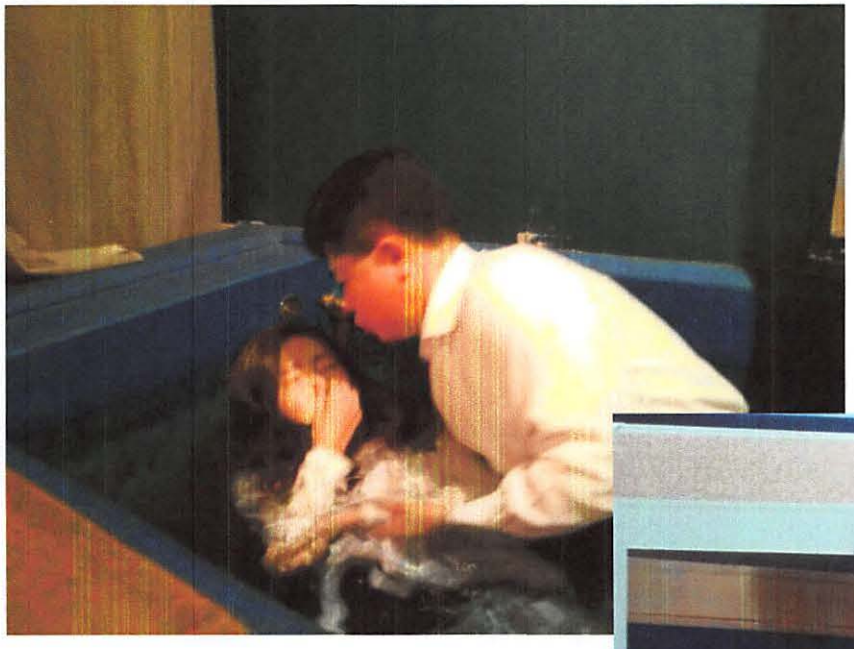
Ordination Ceremony

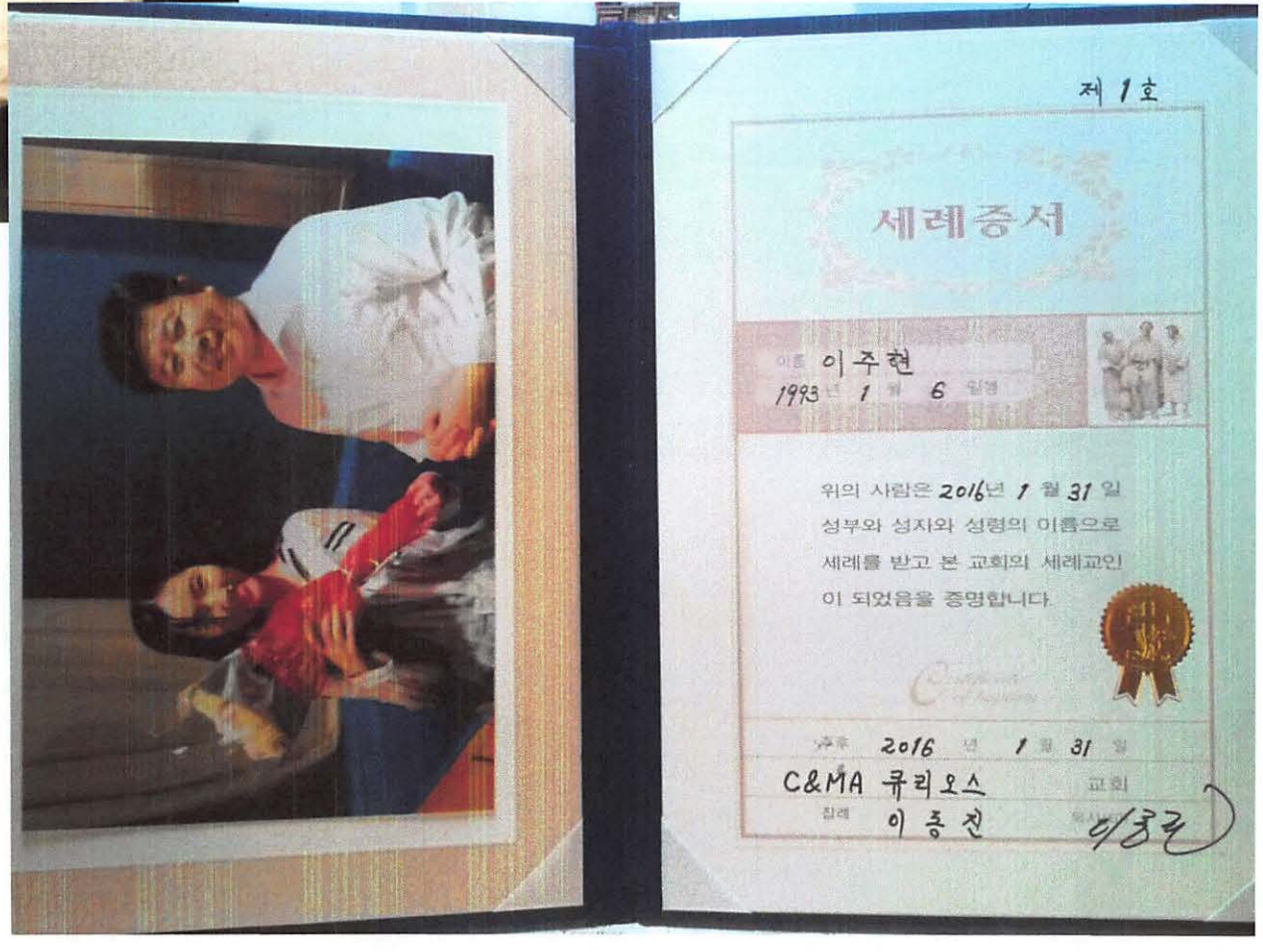
Ordination Ceremony

Awarding an ordination certificate to Rev. Lee

2016년

Joo Hyun's Baptism





제 1 호

세례증서

이름 이주현

1993년 1월 6일생

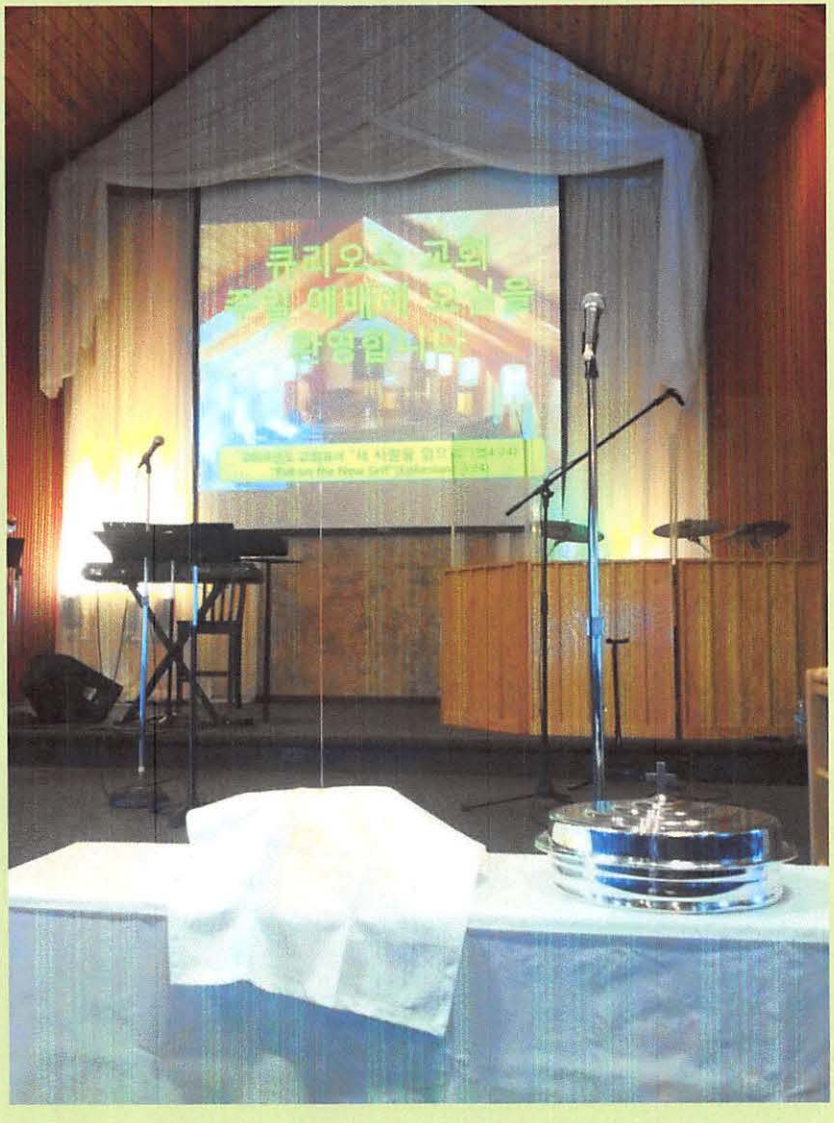
위의 사람은 2016년 1월 31일
성부와 성자와 성령의 이름으로
세례를 받고 본 교회의 세례교인
이 되었음을 증명합니다.

2016 년 1 월 31 일

C&MA 큐리오스 교회

집례 이 종 진

Joo Hyun's Baptism Celebration Party



Communion

Journey of Generosity Retreat
03/18/2016

Kurios Church of the Christian & Missionary Alliance

Northwest Support Notification

Northwest Alliance Letterhead

Date: May 10, 2016
Sender: Chief, C&MA Northwest Alliance
Receiver: C&MA, Korean District, Church Planting Director (Rev. Jae Ho Chung)
Reference: Korean District, Olympia Kurios Church
Subject: Northwest Alliance's Support for Church Planting or Developing Church

In the March meeting, Northwest Alliance discussed the topic of supports for church planting or developing church. This letter is to notify our decision as follows. We hope that our support decision helps you select a church for the KDCMA's grant for church planting.

- See Below -

Time: May 10 (Tuesday), 11:00 am
Place: Yedam Church, Bellevue
Attendees: Pastor-in-Charge of Living Water Alliance Church; Yedam Church; The New Church; Light of Grace Alliance Church; New Light Church; Kurios Church; and Rev. Young Ju Yoon and Rev. Soo Ho Song (8 people: 6 churches and 2 individuals)
Discussion Points:

1. The church nominated for the Northwest church planting support - Olympia Kurios Church (Rev. Dong Jin Lee)
2. Support amount: $300 per month (will be separated from the Northwest Alliance's expenditure.)
3. Methodology for fund raising: 1) Regular contribution from member churches (The New Church $150, and other member churches $150) 2) Irregular contribution - Contribution through member churches' invitation of other pastors for special worship services.
4. Support Period: Yearly basis starting in the 2nd half of 2016

Northwest Alliance Secretary, Rev. Sungsu Han (Signature omitted)
Northwest Alliance Chief, Rev. Dohyong Lee (Signature omitted)

THE ALLIANCE
Living the Call together®
MATTHEW 28:18-20

서북부지역회

The NorthWest of the C&MA Korean District 3617 156th Pl SE Bothell, WA 98012

회장: 이도영 부회장: 원호
서기/회계: 한성수
☎(425)877-0804
sainthss@hotmail.com

날짜: May 10, 2016
발신: C&MA 서북부지역회장
수신: C&MA 한인총회 개척국장(정재호목사)
참조: 한인총회, 올림피아 큐리오스교회
제목: 서북부지역회 신개척교회 또는 미자립교회 후원 결의

서북부지역회는 지난 3월, 지역회 모임에서 논의되었던 서북부지역 신 개척교회 후원 혹은 미자립 교회 후원기금에 안건에 대한 결의를 아래와 같이 하였음을 알려드립니다. 본 지역회의 후원이 한인 총회 개척국의 개척교회 후원교회 선정에 참조가 되기를 바랍니다.

- 아 래-

일시: 5월 10일(화) 11시
장소: 벨뷰예닮교회
참석교회: 생명샘교회, 예닮교회, 새교회, 은광교회, 신광교회, 큐리오스교회, 윤영주목사, 송수호목사 (8명: 6교회, 개인회원 2명)
내용:

1. 서북부지역회 개척교회 후원 대상교회- 올림피아 큐리오스교회(이동진목사)
2. 후원금: 1차적으로 매월 $300.00 지원 (지역회 경상비와 별도로 관리한다)
3. 기금마련 방법: 1) 정기적 기금- 회원교회 자발적 분담금(새교회$150, 다른 회원교회 $150)
   2) 비정기적 기금- 회원교회 강단교류와 헌신예배 청빙을 통한 후원금
4. 지원시기: 2016년도 하반기부터 1년 단위로 지출.

서북부지역회 서기 한성수목사(사인 생략)
서북부지역회 회장 이도형목사(사인 생략)

Kurios Church of the Christian & Missionary Alliance

Letter(s) for CPT

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
P.O. Box 8021, Olympia WA 98509-8021

May 20, 2013

Faith Evangelical College and Seminary
3504 N Pearl St.
Tacoma, WA 98407

To Whom It May Concern

Dear Sir / Madam:

This letter is to notify you that Kurios Church of the Christian and Missionary Alliance (C&MA) hired Dong Jin Lee as a church ministry worker based on the following employment conditions:

- Position: Church Ministry Worker
- Employment Term: One year beginning on June 1, 2013. (The employment will be renewed on an annual basis.)
- Part time: 20 hour/week at the wage rate of $18.75 (Payments will be made on a biweekly basis.)

Under the supervision of a designated mentor who is an ordained pastor from the Korean District of the C&MA, you are required to perform the following duties:

- Preaching and teaching the Word of God – at a minimum, Sunday worship services and weekly Bible study.
- Providing counseling for church members as needed.
- Performing other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

If you have any questions or need additional information regarding Dong Jin Lee's employment with Kurios Church of the C&MA, please contact me at (360) 789-9086.

Very Sincerely,

Song Birck, Director
Kurios Church of the C&MA

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
P.O. Box 8021, Olympia WA 98509-8021

April 21, 2014

Faith Evangelical College and Seminary
3504 N Pearl St.
Tacoma, WA 98407

To Whom It May Concern

Dear Sir / Madam:

This letter is to notify you that Kurios Church of the Christian and Missionary Alliance (C&MA) hired Dong Jin Lee as a church ministry worker based on the following employment conditions:

- Position: Church Ministry Worker
- Employment Term: From June 1, 2015 to August 14, 2015
- Part time: 20 hour/week at the wage rate of $20.00 (Payments will be made on a biweekly basis.)

Under the supervision of a designated mentor who is an ordained minister from the Korean District of the C&MA, Dong Jin Lee is required to perform the following duties:

- Preaching and teaching the Word of God – at a minimum, Sunday worship services and weekly Bible study.
- Providing counseling for church members as needed.
- Performing other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

If you have any questions or need additional information regarding Dong Jin Lee's employment with Kurios Church of the C&MA, please contact me at (360) 789-9086.

Very Sincerely,

Song Birck, Director
Kurios Church of the C&MA

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
P.O. Box 8021, Olympia WA 98509-8021

May 11, 2014

Faith Evangelical College and Seminary
3504 N Pearl St.
Tacoma, WA 98407

To Whom It May Concern

Dear Sir / Madam:

This letter is to notify you that Kurios Church of the Christian and Missionary Alliance (C&MA) hired Dong Jin Lee as a church ministry worker based on the following employment conditions:

- Position: Church Ministry Worker
- Employment Term: One year from June 1, 2014 to May 31, 2015 (The employment will be renewed on an annual basis.)
- Part time: 20 hour/week at the wage rate of $20.00 (Payments will be made on a biweekly basis.)

Under the supervision of a designated mentor who is an ordained minister from the Korean District of the C&MA, you are required to perform the following duties:

- Preaching and teaching the Word of God – at a minimum, Sunday worship services and weekly Bible study.
- Providing counseling for church members as needed.
- Performing other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

If you have any questions or need additional information regarding Dong Jin Lee's employment with Kurios Church of the C&MA, please contact me at (360) 789-9086.

Very Sincerely,

Song Birck, Director
Kurios Church of the C&MA

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
P.O. Box 8021, Olympia WA 98509-8021

August 9, 2015

Faith Evangelical College and Seminary
3504 N Pearl St.
Tacoma, WA 98407

To Whom It May Concern

Dear Sir / Madam:

This letter is to notify you that Kurios Church of the Christian and Missionary Alliance (C&MA) hired Dong Jin Lee as a church ministry worker based on the following employment conditions:

- Position: Church Ministry Worker
- Employment Term: From November 14 2015 to November 13, 2016 (One year term)
- Full time: $2,000 Salary per month (Pay day: 1st of each month)

Under the supervision of a designated mentor who is an ordained minister from the Korean District of the C&MA, Dong Jin Lee is required to perform the following duties:

- Preaching and teaching the Word of God – at a minimum, Sunday worship services and weekly Bible study.
- Providing counseling for church members as needed.
- Performing other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

If you have any questions or need additional information regarding Dong Jin Lee's employment with Kurios Church of the C&MA, please contact me at (360) 789-9086.

Very Sincerely,

Song Birck, Director
Kurios Church of the C&MA

KURIOS CHURCH OF The CHRISTIAN & MISSIONARY ALLIANCE
P.O. Box 8021, Olympia WA 98509-8021

August 9, 2015

Faith Evangelical College and Seminary
3504 N Pearl St.
Tacoma, WA 98407

To Whom It May Concern

Dear Sir / Madam:

This letter is to notify you that Kurios Church of the Christian and Missionary Alliance (C&MA) hired Dong Jin Lee as a church ministry worker based on the following employment conditions:

- Position: Church Ministry Worker
- Employment Term: From August 10, 2015 to November 13, 2015
- Part time: 20 hour/week at the wage rate of $20.00 (Payments will be made on a biweekly basis.)

Under the supervision of a designated mentor who is an ordained minister from the Korean District of the C&MA, Dong Jin Lee is required to perform the following duties:

- Preaching and teaching the Word of God – at a minimum, Sunday worship services and weekly Bible study.
- Providing counseling for church members as needed.
- Performing other duties as directed by directors of Kurios Church, and the Korean District's superintendent or the designated mentor on an as-needed basis.

If you have any questions or need additional information regarding Dong Jin Lee's employment with Kurios Church of the C&MA, please contact me at (360) 789-9086.

Very Sincerely,

Song Birck, Director
Kurios Church of the C&MA