

INTERNAL REVENUE SERVICE
P. O. BOX 3508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 20 2003

MARY E THELER COMMUNITY CENTER
PO BOX 1445
BELFAIR, MA 98528

Employer Identification Number:

91-1275037

DLN:

17053011729023

Contact Person:

JODI L GARUCCIO

ID# 31481

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

February 1985

Addendum Applies:

no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

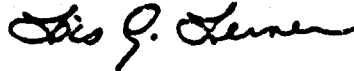
102 0000

MARY S. TRELER COMMUNITY CENTER

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations

Letter 1050 (DO/CG)

102 0001

Exhibit 1

Name: MARY E THELER COMMUNITY CENTER
 EIN: 91-1275037
 Period: 1997-2001

SUPPORT TEST COMPUTATION FOR IRC 509(a)(1) ORGANIZATIONS

Public Support Test results: TEST PASSED

PUBLIC SUPPORT TEST

1	Gifts, grants, and contributions received (DO NOT INCLUDE UNUSUAL GRANTS)	\$ 380,129
2	Membership fees received	\$ 158,327
3	Exempt function income	\$ 3,198
4	Interest, dividends, etc.	
5	Net income from Unrelated Business activity (UBI)	
6	Tax revenues levied for organization benefit	
7	Value of services or facilities furnished by governmental unit	
8	Other income (Do not include gain/loss from sale of capital assets)	
9	Total of lines 1 through 8	\$ 541,652
10	Total support revenue for 509(a)(1) calculation (Denominator): Line 9 - line 3	\$ 383,325
11	Total of lines 1, 2, 6, and 7	\$ 380,129
12	2% of Total support revenue for 509(a)(1), (line 10 x 2%)	\$ 7,667
13	Amount disallowed by contributors who gave in excess of 2%	\$
14	Public support (Numerator): Line 11 - line 13	\$ 380,129
15	Percentage of public support (line 14 / line 10)	99.2%

Contributors exceeding 2% of Line 10 Total Support

	Name(s) of Contributors	Amount Contributed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Total	\$

NOTE: If there are more than 10 contributors exceeding 2% of total support, continue on next sheet.

101 0002

17050U11729023

Form 8734
Period January, 2000

Department of the Treasury - Internal Revenue Service
Support Schedule For Advance Ruling Period

Name of Organization

Mary E. Thaler Community Center

Employer Identification Number

9 1 1 2 7 5 0 3 7

For information on completing this support schedule, refer to the instructions for Form 990 (Schedule A, Part IV), or call TE/CE Customer Account Services at 877-829-5599 between the hours of 8:00 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

NOTE: If you did not receive any support for a given year, please be sure to show financial data for that year by indicating 0 or none. Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
1. Gifts, grants and contributions received. (Do not include unrelated grants. See line 14.)	2001 139248	2000 99351	1999 47417	1998 49440	1997 45875	390129
2. In-kind contributions from individuals, corporations, partnerships, or other organizations.	0	0	0	0	0	0
3. Gross receipts from admissions, merchandise sold or services performed, or licensing of facilities in any activity that is not a business unrelated to the organization's activities. (See instructions.)	34237	37574	30875	28942	25759	196327
4. Gross income from interest, dividends, annuities, royalties received from copyrights, trademarks, trade names, patents, rents, royalties, and unrelated business income (from section 511(b)(1)).	1784	809	158	228	367	3196
5. Net income from unrelated business activities not included in line 4.	0	0	0	0	0	0
6. The expenses listed for your benefit and other paid to you or reported on your behalf.	0	0	0	0	0	0
7. The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0	0
8. Other income. Attach schedule. (Do not include gain (or loss) from sale of capital assets.)	175387	137584	78250	78630	71801	498851
9. Total of lines 1 through 8.	328010	190010	68592	79668	46042	199037
10. Line 9 minus line 2.	328010	190010	68592	79668	46042	178548
11. Enter 1% of line 9.	3280	1900	686	797	460	3881

JAN 06 '03 JAN 10 '03

CINCINNATI

13. Organizations described in section 170(b)(1)(A)(ii) - Yes No

14. Enter 2% of amount shown in TOTAL column, line 10 - Yes No

15. For all years, did not contribute from any person other than a governmental unit or publicly supported organization? Yes No

If yes, attach a list showing the names of and amount contributed by each person whose total gifts exceeded the 2% limit. If not applicable, please list the contributing organization's Employer Identification Number (EIN).

13. Organizations described in section 501(c)(29)

a. Attach a list, item amounts shown on lines 1, 2, and 3 showing the name of, and total amounts received in each year from each "disqualified person," and enter the sum of such amounts for each year.

Year 1	Year 2	Year 3	Year 4	Year 5
N/A	N/A	N/A	N/A	N/A

b. Attach a list showing, for each year, the name and amount included in line 3 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of the amount on line 11 for the year or \$5,000. Include organizations as well as individuals. Enter the sum of these amounts for each year.

Year 1	Year 2	Year 3	Year 4	Year 5
N/A	N/A	N/A	N/A	N/A

14. If you received any unusual grants during your above-stated period, attach a list for each year showing the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include items in line 1, page 1.

15. Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director or trustee will represent the organization or sign this document, attach Form 2848, Power of Attorney.

Name: Ernest G. White Phone: (360) 275-4908 Fax Number (if available): (360) 275-3857

16. To enter the organization's correct address in properly recorded, please provide the following:

Address: Mary J. Thaker Community Center
228 71 N.E. 10th St. 3
Seattle, WA 98108

Under penalties of perjury, I declare that I am authorized to sign this schedule on behalf of the organization and that I have examined the schedule, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete.

Ernest E. White [Signature] Executive Director (Type or Print Name) (This or authority of signer)
Date: 27 Aug 02 (Telephone No.)

This completed support schedule should be returned to:
Internal Revenue Service
P.O. Box 192
Covington, Kentucky 41012