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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A F	or the	2008 calend	ar year,	, or tax year beginning	July 1	, 2008, and ei	nding	June	30	, 20	09
В	Check it a	opticable	Please	C Name of organization				D Employ	yer iden	tification nun	nber
===	Address o	-	use IRS label or	The Rotary Club of Puyal	lup South Hill	l Charities		36		3982178	
=	Name cha	•	print or	Number and street (or P.O. box			Room/suite	E Teleph	one nur	nber	
=	Initiai retu 		type. See	P.O. Box 966				( '	)		
==	Term:natio		Specific	City or town, state or country,	and ZIP + A			-			
===	Amended Application	return n pencing	Instruc- tions	Puyallup, WA 98371-008				F Group Numbe		ion	
							10.4	<del></del>		7.	1
•	• Secti	on 501(c)(3)		ations and 4947(a)(1) nonexer		trusts must attach	1	_		☑ Cash 🗌	j Accrual
			a con	npleted Schedule A (Form 990	) or 990-EZ).		Othe	r (specify)	<u> </u>		
							H Chec	:k ▶ 🗾	ıf the or	ganization is	s not
1 1	Websit	:e: ▶								dule B (Forn	n 990,
J	Organiz	ation type (	check or	nly one)— 🗹 501(c) ( 3 ) <b>∢</b> (in	sert no) 🔲 🗸	1947(a)(1) or 🔲 527	990-	EZ, or 990-	·PF).		
K	Check ▶	if the or	ganızatıc	on is not a section 509(a)(3) sup	porting organiza	ation and its gross rece	eipts are nor	mally <b>not</b> r	nore tha	ın \$25.000 A	A return is
				zation chooses to file a return,			,	,		,	
				ne 9 to determine gross receipts,			stead of For	m 990-EZ	▶ \$		
*******				nses, and Changes in N						r Part I )	
BL65								T		r rait i.)	
	1			s, grants, and similar amounts				t t	1	<del></del>	
	2	Program s	ervice i	evenue including governme	int fees and c	ontracts			2		
	3	Membersh	nip dues	and assessments					3		
	4	Investmen	t incom	e , <i>.</i>					4		
	5a	Gross amo	ount fro	m sale of assets other than	inventory .	5a					
	b			er basis and sales expenses	•	1 1					
				sale of assets other than inve			(attach sch	(alubar	5c		
ဍ	C			vities (complete applicable parts of S							
Revenue	6						CHECK HE'E				
ě	a			ot including \$		1 0 - 1		50911			
Œ		reported of				1 1		16411			
	b			nses other than fundraising							0.4500
	С	Net incom	e or (lo	ss) from special events and	activities (Sul	btract line 6b from l	ine 6a) .		6c		34500
	7a	Gross sale	es of inv	entory, less returns and alle	owances ,			7163			
	ь	Less: cost	of goo	ds sold		7b		4233			
	С	Gross pro	fit or (lo	ss) from sales of inventory  Scribe Miscellaneous	(Subtract line	70 From ME tay E	U_O		7c		2930
	8	Other reve	enue (de	escribe Miscellaneous	ncome	KEUE	S		8		30
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7			101		9		37460
uses						E MAY I BE	10 10		10		36706
	10			r amounts paid (attach scho		. ، ، تين ، تين ا	. Jan		11		
	11	•		or for members , , , ,		C. C.		$ \cdot  \cdot  \cdot $		· · · · ·	0
366	12			mpensation, and employee	1	OGDEN		٠ . ٠ ك	12		
enses	13			and other payments to inde	-	ractors			13		0
Exp	14	Occupano	y, rent,	utilities, and maintenance					14		0
Ш	15	Printing, p	ublicati	ons, postage, and shipping					15		0
	16	Other exp	enses (	describe ► Schedule				)	16		1840
	17					· · · · · · ·		<u>,</u> , <b>&gt;</b> !	17		38546
10	18	Excess or	(deficit)	for the year (Subtract line	17 from line 9	))			18		-1086
Net Assets	i .			nd balances at beginning o		•					
188	19			e reported on prior year's r					19		170765
t /	00			net assets or fund balance					20		
Š	20			d balances at end of year.					21		169679
8776	21			s. If Total assets on line 25						of Form 00	
R.M.		balance				re \$2,500,000 or in		eginning of v			
			(S	See the instructions for Part	II)		(A) B	<u> </u>		(B) End of y	
22	Casi	h, savings,	and inv	estments			.		91 22		77111
23	Land	d and buildi	ings .				.	957	74 23		92568
24			-	<b>&gt;</b>					0 24		
25		•						1707	65 25		169679
26		ıl assets ıl liabilities							0 26		
20	, iuli Net	assets or t	fund ba	lances (line 27 of column (	B) must agree	e with line 21)		1707	65 27		169679
				k Reduction Act Notice see			Cot N	106421		Form 990-	

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Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accom			III.)		Expenses
What is the organization's primary exempt purpose?	Scholarships & Assistance	e to Needy		_ വെപ	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes. In	n a clear and cond	ise manner,	and	4947(a)(1) trusts;
V			9	optio	onal for others)
28 Provided housing to Helping Hand House, Puyal assistance.		es in need of tem	porary		
assistance.					
(Grants \$ ) If this amount incl	udes foreign grants, check	here	. • 🗇	28a	3206
29 Provided academic scholarships to graduating s				ZUa	3200
High School Buyallun WA					
(Grants \$ ) If this amount incl	udes foreign grants, check	here , , , ,	. ▶ □	29a	18500
30 Tacoma-Pierce County YMCA - Provided funds f	or the Strong Kinds Camp	aign			
			<u></u>		
	udes foreign grants, check			30a	2000
(Grants \$ ) If this amount incl  32 Total program service expenses (add lines 28a th	udes foreign grants, check	nere	. ▶ 닏	31a	13000
Part IV List of Officers, Directors, Trustees, and Key				32	36706
	(b) Title and average	(c) Compensation	(d) Contributi	ons to	(e) Expense
(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred compe	t plans &	account and other allowances
Carole Axtell	President	,	anionou odnipo	, noutron	Onto allowances
16705-89th Ave E Puyallup, WA 98375	i lesidelli	0		0	O
Keriann Cockrell	President-Elect				
12410-138th Ave E Puyallup, WA 98374		0		0	0
Kellie Monette-Chapman	Secretary				
14802-77th St E Sumner, WA 98390	,	0		0	0
Stan Ausmus	Treasurer				
2002-39th St SE Puyallup, WA 98372		0		0	G
Terry Harman	Director			_	_
1000 Town Ctr NE Tacoma, WA 98422		0		0	O
Don Miller 2407-41st St SE Puyallup, WA 98374	Director	0		0	•
Shane Klingenstein		0			
404 SW 200th St. Normandy Park, WA 98166	Director	0		0	n
Jane Hostvedt	Di				
2912-28th St SE Auburn, WA 98092	Director	0		0	0
Michelle Strom	Director				
13801-116th Ave Ct E Puyallup, WA 98374	Director	0		0	0
Shawn Manley	Director				
12404-130th Ave Ct E Puyallup, WA 98374		0		0	0
					<del></del>
					<del></del>
				į	

Form 990-EZ (2008)

	Other Information (Note the statement requirements in the instructions for Part VI.)		· · · · · · · ·	T :
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<b></b>	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0  Did the organization file Form 1120-POL for this year?	37b		<u> </u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  39a			
	Initiation rees and dapital contributions included on line 5	1		1 1
	Gross receipts, included on line 9, for public use of club facilities			+
<b>L</b>	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
D	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule  L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ▶ None			
	The books are in care of ▶ Ed Pullen Telephone no. ▶ ( 253 )	2	86-41	75
	Located at ► 3106-28th PI SE Puyallup, WA ZIP + 4 ►	983	74	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	<u> </u>	<b>↓</b> ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	,		
	and Financial Accounts.	42c		1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	<u></u>	1_ <b>V</b>
40	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			L [
43	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
	and enter the amount of tax-exempt interest received of accided during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
-T-T	Form 990-EZ	44		<b>/</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	Fo	rm 99	0-EZ	(2008)

Form 990-EZ (2008)

	990-EZ (2008)							age 4
Par	Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c)(3) ond 51.	organizatio	ns mus	t answer quest	ions 40	5–49	<del>,-i</del> ,
46	Did the organization engage in direct or indirect p	political campaign activitie	s on behalf	of or in	opposition to		Yes	No
	candidates for public office? If "Yes," complete S	chedule C, Part I				46		<b>✓</b>
	Did the organization engage in lobbying activities					47		✓
	Is the organization operating a school as describe					48		✓
49a	Did the organization make any transfers to an exc	empt non-charitable relate	d organizat	ion?		49a		✓
	If "Yes," was the related organization(s) a section					49b		
50	Complete this table for the five highest compensate each received more than \$100,000 of compensate	ated employees (other thation in the organization.	n officers, o If there is i	directors none, er	, trustees and ke ter "None."	y emplo	yees)	who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compe		(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and	d
None	)							
							-	
Total	number of other employees paid over \$100,000							
	Complete this table for the five highest compensation from the organization. If there is no	one, enter "None."	ors wno ea				<del>-</del>	
Ni	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Typ	e of service	(c) Con	pensat	ion
None	<del>}</del>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
			<del></del>					
								···
Total	number of other independent contractors each re	eceiving over \$100,000 .	. ▶					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomp on of preparer (other than office	panying sched r) is based on	ules and s all inform	tatements, and to the ation of which prepare	best of ir er has an	y know y know	ledge ledge
Sign Here	Kellie Manathe - C	nan. Secretor	····		5-12-10	>		<del></del>
	Kell-a Monette-Chape	nan, Secretor	1		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		Date	Ch	eck ıf	Preparer's Identifying	Number (9	ee instr	ictions)
Paid	Preparer's signature		sel			166780		131101131
Prepa	Firm's name for yours k fixed to be a walken	E, CPA, PS	elli con	El			3427	
Use O	nnv it self-employed)	STE 202 SUMNER, WA 9	8390-1113		none no. ► ( 253 )		3-181	 5
May 1	he IRS discuss this return with the preparer show							

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

		he organizatior							Employe	r identifica	tion num	ber	
										982178	3		
Par										e instru	ctions)		
1 2		A church, co A school de A hospital o A medical re	onvention of chu escribed in <b>secti</b> on or a cooperative esearch organiza	ndation because it is: irches, or association on 170(b)(1)(A)(ii). (At hospital service organation operated in conj	of chure tach Sch nization d junction v	hes desc edule E.) escribed with a ho	ribed in s in <b>sectio</b> spital de	ection 1 n 170(b) scribed ii	70(b)(1)(/ (1)(A)(iii).	(Attach S	Schedul )(A)(iii).	e H.) Ente	r the
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 7 8		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
		An organizative receipts from support from	tion that normally n activities relate n gross investm	y receives: (1) more the ed to its exempt func- ent income and unre a after June 30, 1975.	an 33½ % tions—su lated bus	of its su bject to o siness ta:	pport froi certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 33	31/3 %	of its
10 11		An organiza purposes of 509(a)(3). Ci	tion organized a one or more pu heck the box tha	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for the relations of suppo	he benefi described rting orga	t of, to p d in secti anization	perform to on 509(a) and com	he functi (1) or sec plete line	ons of, o ction 509(	r to car a)(2). S	rry ou ee <b>se</b>	it the
е		persons other	this box, I cer	tify that the organizat on managers and othe	tion is no		led direc	tly or inc	lirectly by	y one or		lisqua	alıfıed
f g		organization	, check this box st 17, 2006, has	a written determination							III sup	portır 	ng
				r indirectly controls, enting body of the sup				h persor	ıs descril	oed in (II)	11g(i)	Yes	No
		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the organ	d in (i) or	(II) above	?				11g(ii) 11g(iii)		
- <u>n</u> (i) N	lame	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization	(v) Did y the organ col (i)	ou notify	organızat (i) organı	s the ion in col. zed in the S ?		Amount upport	of
					Yes	No	Yes	No	Yes	No			
		<del></del>											
		<del></del>									<del></del>		-
Total													

Pai	Support Schedule for Org (Complete only if you check	j <b>anizations</b> I ked the box	Described in on line 5, 7,	<b>Sections 17</b> or 8 of Part I.	0(b)(1)(A)(iv) )	and 170(b)(	1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		1			<u> </u>	L
	tion B. Total Support	( ) 0004	1 4 5 000		( 0 000	T	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					<b> </b> -	<del> </del>
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
11	Total support. Add lines 7 through 10 .		<u> </u>	, ,			
12	Gross receipts from related activities, etc	. (see instructio	ons) , , ,			12	······
13	First five years. If the Form 990 is for organization, check this box and stop he	re , , .	<del> </del>				
Sec	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2008 (line					14	%
15	Public support percentage from 2007 Sch	nedule A, Part	IV-A, line 26f			15	%
	33% % support test—2008. If the organization qualifies	as a publicly	supported orga	nization			▶ □
b	33%% support test-2007. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qui	check this box a alifies as a public	and <b>stop here</b> bly supported or	Explain in Part rganization ,	IV how the

Scho	The Rot dule A (Form 990 or 990-EZ) 2008	ary Club c	of Puyallu	p South Hi	11 Charit:	ies 36–39	_
Coordinate	Support Schedule for Orga	nizations De	scribed in S	ection 500/a	\/2\	·	Page 3
100.00	(Complete only if you checke	ed the box on	line 9 of Pa	ection 509(a rt l.)	)(2)		
Sec	tion A. Public Support			_			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9615					9615
2	Gross receipts from admissions, merchancise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	52733	60520	82436	70477	58104	324270
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	62240	60500	00400			
6	Total. Add lines 1-5 , , , , , ,	62348	60520	82436	70477	58104	333885
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5 000						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						333885
	tion B. Total Support						
	elendar year (or fiscal year beginning in)	(a) 2004 62348	(b) 2005 <b>60520</b>	(c) 2006 <b>82436</b>	(d) 2007 <b>7047</b> 7	(e) 2008	(f) Total
9 10a	Amounts from line 6	02346	60520	82436	70477	58104	333885
.00	payments received on securities loans, rents, royalties and income from similar sources	298	46				344
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b ,	298	46				344
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				:	:	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	·					
13	Total support. (Add lines 9, 10c, 11,						334229
14	First five years. If the Form 990 is for to organization, check this box and stop is						n 501(c)(3)
Sec	tion C. Computation of Public Su		itage			. , , , ,	
15	Public support percentage for 2008 (lin	·· · · · · · · · · · · · · · · · · · ·		e 13. column (	ft)	15	99.8971 %
16	Public support percentage from 2007 S	Schedule A, Pa	rt IV-A, line 27			16	99.7086 %
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2008			=	olumn (f)) .	17 18	.1029 %
18	Investment income percentage from 20						.2914 %
	33½ % support tests – 2008. If the organize is not more than 33½ %, check this be	ox and <b>stop he</b>	re. The organiz	zation qualifies	as a publicly s	supported orga	nization 🕨 🛭
ь	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this	ization aid not d s box and <b>stop h</b>	леск а вох оп <b>tere.</b> The organ	ine 14 or line i nization qualifies	isa, and line 16 s as a publicly :	b is more than t supported orga	১ড% %, and nization ► 🔽

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Sabadula A (E	、 orm 990 or 990-EZ) 20	The	Rotary	Club	of	Puyallup	South	Hi11	Charities		_ 4
Part IV	Supplemental	Inform	ation. C	omplete	thi	s part to pr	ovide th	e expla	anation requi	red by Part II, line	Page <b>4</b> 10;
	Part II, line 17a	101170	, or Part	. III, IIII <u>e</u>	12.	Provide any	y other a	laditior	iai informatio	n. (see instructions	5)
~~~~~~~											
	~										
									·		
									· <b></b>		
220222002000											
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## The Rotary Club of Puyallup South Hill Charities Funds 36-3982178

# Supporting Schedule to Form 990-EZ-Part I, Line 16

Courage Classic Vocational Awards Luncheon	1,051.12 589 43
Rotary International District Support	200.00
*	\$ 1,840.55
Supporting Schedule to Form 990-EZ-Part III, Line 31	
Pierce County Library System – Provided funds for a summer reading program  Puyallup Giftmakers – Provided funds for making gifts at Christmas time for	1,000.00
needy families	1,000 00
Rotary International Service Projects - Provided funds in support of Service	
Projects sponsored by Rotary International.	1,000.00
Salvation Army - Provided funds in support of the organization's assistance	
programs	5,800.00
Pierce College - Provided academic scholarships to students	1,200.00
YMCA Friends and Servants - Provided funding toward programs working with	
troubled youth to become contributing members of society	2,000 00
Sister Club Project – Provided funds for the purchase of shelter boxes	1,000.00
Total	\$ 13,000.00