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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		OVERLAKE SERVICE LEAGUE		91-0658331
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		PO BOX 53203		425-451-1175
City or town, state or country, and ZIP + 4		G Gross receipts \$ 1,215,853.		
BELLEVUE, WA 98015-3203		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: CHERYL BECKER		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.OVERLAKESERVICELEAGUE.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1911	M State of legal domicile: WA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF OVERLAKE SERVICE LEAGUE IS TO PROMOTE STABILITY, SELF-SUFFICIENCY AND INDEPENDENCE			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 840,445. Current Year: 800,249.
		9	Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,475. 10,966.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,932. <31,337.>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	962,852. 779,878.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	508,686. 511,231.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,419. 162,347.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,542.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	191,958. 140,032.	
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	819,063. 813,610.	
	19	Revenue less expenses - Subtract line 18 from line 12	143,789. <33,732.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 943,587. End of Year: 817,592.	
	21	Total liabilities (Part X, line 26)	88,591. 80,305.	
	22	Net assets or fund balances - Subtract line 21 from line 20	854,996. 737,287.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer: <i>Cheryl A Becker</i>		Date: 5/14/10
	CHERYL BECKER, TREASURER Type or print name and title		
Paid Preparer's Use Only	Preparer's signature: <i>Jenny Becker Harris</i>	Date: 5/13/10	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK NOBER, PS 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004	Preparer's identifying number (see instructions): P00183358	EIN ▶ 91-1194016
		Phone no ▶ 425-454-4919	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 08 2010

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MAY 18 2010
OGDEN, UT
IRS-OSC

6-16 9

Part III Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
FEED - CLOTHE - SHELTER - EDUCATE. OVERLAKE SERVICE LEAGUE PROVIDES A
BROAD SPECTRUM OF PROGRAMS AND SERVICES TO ASSIST NEEDY FAMILIES AND
INDIVIDUALS LIVING WITHIN THE BELLEVUE COMMUNITY. EMERGENCY FINANCIAL
SUPPORT MAY INCLUDE, BUT IS NOT LIMITED TO, FOOD AS WELL AS PAYMENTS
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 281,941. including grants of \$ 253,944.) (Revenue \$)
DISTRIBUTION: INCLUDES 3 PROGRAMS:
ADOPT-A-FAMILY - THE LEAGUE MATCHES NEEDY FAMILIES WITH SPONSORS AND
FACILITATES THE DELIVERY OF FOOD AND GIFTS FOR THE THANKSGIVING AND
CHRISTMAS HOLIDAYS. 333 ADULTS AND 498 CHILDREN WERE SERVED FOR
THANKSGIVING AND 343 ADULTS AND 497 CHILDREN WERE SERVED FOR CHRISTMAS.
BREAKTIME/MEALTIME - THE LEAGUE PROVIDES MEALS TO CHILDREN DURING
MID-WINTER AND SPRING SCHOOL BREAKS. BOXES OF FOOD WERE DISTRIBUTED TO
192 CHILDREN IN FEBRUARY AND 192 CHILDREN IN MARCH.
FOOD PANTRY - THE LEAGUE MAINTAINS A FOOD PANTRY AND DELIVERS FOOD AND
BASIC NEEDS ITEMS TO QUALIFIED CLIENTS.

4b (Code:) (Expenses \$ 104,170. including grants of \$ 83,560.) (Revenue \$)
FOCUS ON YOUTH: A COLLECTION OF PROGRAMS FOCUSING ON YOUNG PEOPLE WITH
THE GOAL OF INCREASING SELF-ESTEEM, IGNITING NEW INTERESTS AND OFFERING
HIGHER EDUCATIONAL OPPORTUNITIES. THIS PROGRAM HELPED 633 YOUNG PEOPLE
THROUGH A MYRIAD OF PROGRAMS AND ACTIVITIES. 23 OF THESE YOUTH
RECEIVED \$34,500 IN COLLEGE SCHOLARSHIPS. 31 YOUNG PEOPLE ATTENDED
CAMPS OR PARTICIPATED IN SPORTS AND YMCA ACTIVITIES. 67 STUDENTS
ATTENDED SUMMER SCHOOL AND 457 CHILDREN AGES 4 THROUGH 15 RECEIVED NEW
CLOTHES FOR BACK TO SCHOOL.

4c (Code:) (Expenses \$ 155,260. including grants of \$ 91,770.) (Revenue \$)
FAMILY AND EMERGENCY ASSISTANCE: FAMILIES IN CRISIS RECEIVE TEMPORARY
SUPPORT TO HELP PAY RENT, UTILITIES, OR CHILDCARE TO ENABLE FAMILIES TO
STAY IN THEIR HOMES AND GAIN STABILITY. 351 FAMILIES, COMPRISED OF 458
ADULTS AND 581 CHILDREN, WERE ASSISTED.

4d Other program services. (Describe in Schedule O)
(Expenses \$ 84,247. including grants of \$ 81,957.) (Revenue \$ 58,079.)

4e Total program service expenses ► \$ 625,618. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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 account)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
 CHERYL BECKER - 425-451-1175
 1429 130TH AVE NE, BELLEVUE, WA 98005

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN VALAAS COMM REL DIR & FMR PRES	20.00	X						0.	0.	0.
KARIN KUNTZ SECRETARY	12.00	X		X				0.	0.	0.
KIM BRACE FORMER TREASURER	20.00	X		X				0.	0.	0.
TRISH CARPENTER PRESIDENT & FUND. DIR.	40.00	X		X				0.	0.	0.
MARILYN HERZBERG PROG DIR & FMR PARLIMNT	20.00	X						0.	0.	0.
NANCY JONES CIRCLE DIR & FMR PROG DIR	10.00	X						0.	0.	0.
BARBARA QUINN PARLIAMENTARIAN	10.00	X						0.	0.	0.
CHERYL WROTH STEIN MRKT DIR & FMR MEMB DIR	10.00	X						0.	0.	0.
SANDY GESELL FORMER CIRCLE DIRECTOR	5.00	X						0.	0.	0.
JOYCE HORBACH FORMER CIRCLE DIRECTOR	5.00	X						0.	0.	0.
CAROLE MARTIN CIRCLE DIRECTOR	5.00	X						0.	0.	0.
BARBARA MCCORMICK FORMER CIRCLE DIRECTOR	5.00	X						0.	0.	0.
SHARON NORTHRUP FORMER CIRCLE DIRECTOR	5.00	X						0.	0.	0.
PAT PATT CIRCLE DIRECTOR	5.00	X						0.	0.	0.
SHELLEY TURNER MEMB DIR & FMR CIRCLE DIR	20.00	X						0.	0.	0.
JOAN WATJEN FORMER CIRCLE DIRECTOR	5.00	X						0.	0.	0.
JOY POLT CIRCLE DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE NILES CIRCLE DIRECTOR	5.00	X						0.	0.	0.
CC SALZBERG CIRCLE DIRECTOR	5.00	X						0.	0.	0.
JOAN SNELSON CIRCLE DIRECTOR	5.00	X						0.	0.	0.
CHERYL BECKER TREASURER	10.00	X		X				0.	0.	0.
DEBBIE LARSON CIRCLE DIRECTOR	5.00	X						0.	0.	0.
1b Total								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	26,417.				
	c Fundraising events	1c	282,960.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	490,872.				
	g Noncash contributions included in lines 1a-1f \$		309,805.				
	h Total. Add lines 1a-1f		800,249.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,613.			10,613.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			353.			353.
	8 a Gross income from fundraising events (not including \$ 282,960. of contributions reported on line 1c). See Part IV, line 18	a	174,084.				
	b Less: direct expenses	b	263,500.				
	c Net income or (loss) from fundraising events			<89,416.>			<89,416.>
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	188,757.				
	b Less: cost of goods sold	b	130,678.				
	c Net income or (loss) from sales of inventory			58,079.	58,079.		
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			779,878.	58,079.	0.	<78,450.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	511,231.	511,231.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	132,345.	67,264.	14,337.	50,744.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,355.	711.	152.	492.
9 Other employee benefits	16,239.	8,525.	1,819.	5,895.
10 Payroll taxes	12,408.	6,514.	1,390.	4,504.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,369.		11,369.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,638.			4,638.
12 Advertising and promotion	12,761.	290.	12,416.	55.
13 Office expenses	26,857.	9,041.	10,420.	7,396.
14 Information technology				
15 Royalties				
16 Occupancy	22,456.	11,194.	4,414.	6,848.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,036.	4,993.	2,017.	3,026.
23 Insurance	5,155.	2,040.	1,881.	1,234.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INDIRECT FUNDRAISING EX	29,546.			29,546.
b BAD DEBT EXPENSE	8,750.		8,750.	
c MISCELLANEOUS	5,261.	2,375.	1,862.	1,024.
d UTILITIES	3,193.	1,440.	613.	1,140.
e TAXES	10.		10.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	813,610.	625,618.	71,450.	116,542.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,824.	1	9,396.
	2 Savings and temporary cash investments	560,260.	2	539,565.
	3 Pledges and grants receivable, net	37,255.	3	21,000.
	4 Accounts receivable, net	1,471.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	28,229.	8	40,344.
	9 Prepaid expenses and deferred charges	6,227.	9	14,533.
	10a Land, buildings, and equipment: cost basis	145,199.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	95,802.		
		68,976.	10c	49,397.
	11 Investments - publicly traded securities	159,935.	11	123,422.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	75,410.	15	19,935.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	943,587.	16	817,592.	
Liabilities	17 Accounts payable and accrued expenses	40,001.	17	37,757.
	18 Grants payable	42,419.	18	42,548.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	6,171.	25	0.
	26 Total liabilities. Add lines 17 through 25	88,591.	26	80,305.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	723,528.	27	669,324.
	28 Temporarily restricted net assets	131,468.	28	67,963.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	854,996.	33	737,287.
	34 Total liabilities and net assets/fund balances	943,587.	34	817,592.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	481,220.	645,712.	904,654.	840,445.	800,249.	3,672,280.
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	481,220.	645,712.	904,654.	840,445.	800,249.	3,672,280.
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)						54,047.
6 Public Support. Subtract line 5 from line 4						3,618,233.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	481,220.	645,712.	904,654.	840,445.	800,249.	3,672,280.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,070.	6,311.	21,648.	23,987.	10,613.	66,629.
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.)	17.	420.	7.	9,372.		9,816.
11 Total support. Add lines 7 through 10						3,748,725.
12 Gross receipts from related activities, etc. (see instructions)					12	1,812,263.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.52 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.03 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
 b Contributions
 c Investment earnings or losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	123,412.				
b	6,912.				
c	<23,997.>				
d					
e					
f					
g	106,327.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ 100.00 %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		107,442.	70,737.	36,705.
d Equipment		20,308.	14,409.	5,899.
e Other		17,449.	10,656.	6,793.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				49,397.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: PRINCIPAL AND FUNDS DEPOSITED TO THIS FUND, INCLUDING

INTEREST EARNED ON THESE FUNDS, ARE BOARD DESIGNATED AND CANNOT BE USED

UNTIL SUCH TIME AS THE FUND REACHES ONE MILLION DOLLARS. ONCE THE FUND

REACHES ONE MILLION DOLLARS, THE INTEREST ONLY CAN BE USED FOR THE SOLE

PURPOSE OF FUNDING THE ADMINISTRATIVE COSTS OF THE LEAGUE.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		WINE EVENT (event type)	ANNUAL LUNCHEON (event type)	1 (total number)		
Revenue	1	Gross receipts	135,542.	197,142.	124,360.	457,044.
	2	Less: Charitable contributions	42,855.	177,992.	62,113.	282,960.
	3	Gross revenue (line 1 minus line 2)	92,687.	19,150.	62,247.	174,084.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	101,990.	77,982.	83,528.	263,500.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(263,500)
	9	Net income summary. Combine lines 3 and 8 in column (d)				<89,416.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Employer identification number
91-0658331

OVERLAKE SERVICE LEAGUE

- ☒ Yes ☐ No

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

2 Enter total number of section 501(c)(3) and government organizations

▲ ▲

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR HIGHER EDUCATION	23	34,500.	0.		
ADOPT A FAMILY	1671	10,942.	221,130.	BOOK	FOOD AND GIFTS FOR HOLIDAYS
BREAKTIME/MEALTIME	1404	21,872.	0.		
EMERGENCY/FAMILY ASSISTANCE	1039	83,466.	8,304.	BOOK	FOOD, SUNDRY ITEMS, AND QUILTS.
SCHOOL CLOTHING	633	49,060.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE EDUCATIONAL GRANTS COMMITTEE INTERVIEWS

CANDIDATES, DETERMINES ELIGIBILITY AND AWARDS SCHOLARSHIP GRANTS BASED ON

ESTABLISHED CRITERIA. THE PARTNERSHIP FOR INDEPENDENCE COMMITTEE

INTERVIEWS CANDIDATES, DETERMINES ELIGIBILITY AND AWARDS PARTNERSHIP FOR

INDEPENDENCE GRANTS BASED ON PROGRAM GUIDELINES AND TAILORED TO MEET THE

INDIVIDUAL NEEDS OF EACH RECIPIENT.

GUIDELINES FOR PROVIDING EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES IN NEED

HAVE BEEN DEVELOPED AND APPROVED BY THE SOCIAL SERVICE REVIEW COMMITTEE.

Part IV Supplemental Information

THE BULK OF THIS ASSISTANCE IS PROVIDED IN RESPONSE TO EVICTION OR UTILITY

SHUT-OFF NOTICES BUT MAY ALSO INCLUDE OTHER FINANCIAL ASSISTANCE SUCH AS

FOOD, CLOTHING, MEDICAL, CHILD CARE, OR AUTO REPAIR. RECIPIENTS ALL

RECEIVE AN IN-HOME VISIT BY OUR SOCIAL SERVICE ADMINISTRATOR AND MUST MEET

SPECIFIC ELIGIBILITY REQUIREMENTS BASED ON DEMONSTRATED FINANCIAL NEED.

ADDITIONALLY, CLIENTS ARE RESTRICTED IN TERMS OF HOW OFTEN THEY MAY APPLY

FOR AND RECEIVE FINANCIAL ASSISTANCE FROM THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		204,479	COST OR SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	2,710	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		38,187	COST OR SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS)	X	213	64,429	COST OR SELLING PRICE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION RECEIVES DONATIONS OF

FOOD FOR OUR PANTRY TO BE DISTRIBUTED TO CLIENTS AND OTHER ITEMS,

INCLUDING CLOTHING AND HOUSEHOLD GOODS, TO BE SOLD IN OUR THRIFT SHOP.

THE DONATED SECURITIES ARE COUNTED BY THE NUMBER OF CONTRIBUTIONS

RECEIVED. THE DONATED AUCTION ITEMS ARE COUNTED BY THE NUMBER OF

CONTRIBUTIONS RECEIVED.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2 Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

Yes	No
2a	
2b	
2c	
2d	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule N (Form 990 or 990-EZ) 2008

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal 0.

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?

b (If "Yes," provide the date of the letter)

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	PROGRAM RELATED EXPENSES	06/30/09	624,418	ACTUAL COST		NOT APPLICABLE	N/A

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		X
2b		X
2c		X
2d		X

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

DURING THE TAXABLE YEAR ENDING JUNE 30, 2009, OVERLAKE SERVICE LEAGUE HAD

PROGRAM EXPENSES OF \$624,418. THIS AMOUNT WAS EXPENDED IN THE ORDINARY

COURSE OF OPERATION OF ITS EXEMPT FUNCTION ACTIVITIES, BUT REPRESENTS OVER

25% OF OVERLAKE SERVICE LEAGUE'S NET ASSETS OF \$854,996 AT THE BEGINNING OF

THE TAXABLE YEAR ENDED JUNE 30, 2009. OVERLAKE SERVICE LEAGUE'S

EXPENDITURE DOES NOT CONSTITUTE A "SUBSTANTIAL CONTRACTION" UNDER THE

DEFINITION IN REG. SEC. 1.6043-3 AS THE DISTRIBUTION WAS SUBSTANTIALLY OUT

OF CURRENT INCOME. THERE IS NO PLAN TO LIQUIDATE OR CONTRACT THE

ORGANIZATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THOSE IN NEED IN THE BELLEVUE COMMUNITY THROUGH PROGRAMS AND

SERVICES THAT FEED, CLOTHE, SHELTER AND EDUCATE. OVERLAKE SERVICE

LEAGUE PROVIDES A BROAD SPECTRUM OF PROGRAMS AND SERVICES TO ASSIST

NEEDY FAMILIES AND INDIVIDUALS. EMERGENCY FINANCIAL SUPPORT MAY

INCLUDE, BUT IS NOT LIMITED TO, FOOD AS WELL AS PAYMENTS FOR HOUSING,

CLOTHING, UTILITIES, CHILDCARE AND MEDICAL EXPENSES. THE LEAGUE ALSO

PROVIDES SCHOLARSHIPS TO COLLEGE STUDENTS, TUTORING AND CAMPERSHIPS TO

DISADVANTAGED YOUTH AND COMPREHENSIVE FINANCIAL ASSISTANCE TO ADULTS

PURSUING FUTHER EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR HOUSING, CLOTHING, UTILITIES, CHILDCARE AND MEDICAL EXPENSES. THE

LEAGUE ALSO PROVIDES SCHOLARSHIPS TO COLLEGE STUDENTS, TUTORING AND

CAMPERSHIPS TO DISADVANTAGED YOUTH AND COMPREHENSIVE FINANCIAL

ASSISTANCE TO ADULTS PURSUING FURTHER EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARTNERSHIP FOR INDEPENDENCE: A COMPREHENSIVE PROGRAM OF FINANCIAL

ASSISTANCE TAILORED TO EACH CLIENT'S NEEDS AND DESIGNED TO ENABLE THE

CLIENT TO PURSUE HIGHER EDUCATION OR VOCATIONAL TRAINING. QUALIFIED

CLIENTS ARE ENROLLED IN AT LEAST A TWO-YEAR ACCREDITED OR DEGREE

PROGRAM ENABLING THEM TO LIFT THEMSELVES AND THEIR FAMILIES OUT OF

POVERTY. CLIENTS PARTNER WITH THE LEAGUE THROUGH VOLUNTEER SERVICE.

TEN ADULTS RECEIVED ASSISTANCE DURING THE YEAR.

EXPENSES \$ 84247. INCLUDING GRANTS OF \$ 81957. REVENUE \$ 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

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91-0658331

THRIFT SHOP: A RETAIL STORE SUPPLYING GOOD-QUALITY USED CLOTHING AND

MERCHANDISE AT AFFORDABLE PRICES AND FREE TO THOSE FAMILIES AND

INDIVIDUALS WHO CANNOT AFFORD TO PAY. FAMILIES IN NEED RECEIVE

VOUCHERS ON AN AS NEEDED BASIS TO HELP PROVIDE THEM WITH WORK AND

SCHOOL CLOTHING AND EMERGENCY NEEDS IN TIMES OF CRISIS. THE THRIFT

SHOP ALSO SERVES AS A TRAINING GROUND FOR PARTNERSHIP FOR INDEPENDENCE

RECIPIENTS ALLOWING THEM TO LEARN VALUABLE CUSTOMER SERVICE AND RETAIL

JOB SKILLS WHILE GAINING SELF-ESTEEM AND GIVING BACK TO THE COMMUNITY.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58079.

FORM 990, PART VI, SECTION A, LINE 4: THE LEAGUE MADE A NUMBER OF CHANGES

TO ITS BYLAWS. THE FOLLOWING AMENDMENTS WERE MADE TO THE LEAGUE'S BYLAWS

AND WERE APPROVED BY THE LEAGUE'S MEMBERSHIP IN JUNE 2009.

(1) THE MISSION WAS RESTATED AS: "THE MISSION OF THE LEAGUE SHALL BE TO

PROMOTE STABILITY, SELF-SUFFICIENCY AND INDEPENDENCE FOR THOSE IN NEED IN

THE BELLEVUE COMMUNITY THROUGH PROGRAMS AND SERVICES THAT FEED, CLOTHE,

SHELTER AND EDUCATE."

(2) THE \$1,000 DONATION REQUIREMENT FOR LIFE MEMBERSHIP WAS ELIMINATED.

(3) ADDED THE FOLLOWING PARAGRAPH WHICH HAD BEEN DELETED THE PREVIOUS YEAR

IN ERROR: LOANS. NO LOANS SHALL BE CONTRACTED ON BEHALF OF THE LEAGUE

AND NO EVIDENCE OF INDEBTEDNESS SHALL BE ISSUED IN ITS NAME UNLESS

AUTHORIZED BY A RESOLUTION OF THE BOARD OF DIRECTORS. SUCH LOAN AUTHORITY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

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MAY BE GENERAL OR CONFINED TO SPECIFIC INSTANCES. NO LOANS SHALL BE MADE

TO THE DIRECTORS, OFFICERS, MEMBERS OF THE LEAGUE, EMPLOYEES OR CLIENTS.

(4) ADDED THE FOLLOWING PARAGRAPH WHICH HAD BEEN DELETED THE PREVIOUS YEAR

IN ERROR: ANNUAL BUDGET. THE LEAGUE'S ANNUAL BUDGET SHALL BE VOTED ON AT

THE ANNUAL LEAGUE MEMBERSHIP MEETING. IT MUST BE APPROVED BY AN

AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AND ABSENTEE

BALLOTS. VOTING MAY BE DONE BY ROLL CALL OR WRITTEN BALLOT.

FORM 990, PART VI, SECTION A, LINE 6: THE LEAGUE HAS APPROXIMATELY 350

MEMBERS. MEMBERS PAY ANNUAL DUES TO THE LEAGUE OF AT LEAST \$25 UNLESS THE

MEMBERSHIP HAS BEEN GIFTED. INDIVIDUALS THAT HAVE BEEN MEMBERS FOR THIRTY

(30) YEARS OR MORE AND HAVE REACHED THE AGE OF 80 ARE CONSIDERED LIFE

MEMBERS AND ARE EXEMPT FROM PAYING ANNUAL DUES. ALL MEMBERS HAVE THE SAME

VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE OFFICERS AND

DIRECTORS AND APPROVE THE ANNUAL BUDGET AND ANY AMENDMENTS TO THE GOVERNING

DOCUMENTS. MEMBERS HAVE THE APPROVAL RIGHTS IN ACCORDANCE WITH TITLE 24 OF

THE WASHINGTON NONPROFIT CORPORATION ACT.

FORM 990, PART VI, SECTION A, LINE 7B. MEMBERS HAVE THE APPROVAL RIGHTS IN

ACCORDANCE WITH TITLE 24 OF THE WASHINGTON NONPROFIT CORPORATION ACT.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT COPY OF THE 990 IS FIRST

REVIEWED BY THE BUDGET & FINANCE COMMITTEE. UPON COMPLETION, THE 990 IS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

REVIEWED WITH THE EXECUTIVE COMMITTEE (A SUBSET OF THE BOARD OF DIRECTORS)

AND/OR FULL BOARD OF DIRECTORS PRIOR TO FILING. ALL DIRECTORS RECEIVE A

COPY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS AND DIRECTORS ARE

COVERED BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ON AN ANNUAL

BASIS, OFFICERS AND DIRECTORS ARE REQUIRED TO REVIEW AND SIGN A COPY OF THE

CONFLICT OF INTEREST STATEMENT AND TO REVEAL ANY EXISTING OR POTENTIAL

CONFLICTS. CONFLICTS COULD POTENTIALLY ARISE IN ANY OF THE FOLLOWING

AREAS: CONTRACTS, PERSONNEL, AND GRANTS. ALL MAJOR CONTRACTS AND

PERSONNEL SELECTIONS ARE REPORTED TO THE BOARD OF DIRECTORS. ANY OFFICER

OR DIRECTOR WITH WHOM A POTENTIAL CONFLICT MIGHT EXIST IS EXCLUDED FROM THE

DISCUSSION AND DECISION PROCESS WITH REGARD TO THE CONTRACT ENGAGEMENT OR

NEW HIRE. THE ORGANIZATION GRANTS FINANCIAL ASSISTANCE TO INDIVIDUALS IN

ACCORDANCE WITH GUIDELINES AS ADOPTED BY THE SOCIAL SERVICE REVIEW

COMMITTEE, THE EDUCATIONAL GRANTS COMMITTEE AND THE

PARTNERSHIP FOR INDEPENDENCE COMMITTEE. RELATIONSHIPS BETWEEN POTENTIAL

RECIPIENTS AND THE ORGANIZATION'S OFFICERS, DIRECTORS, COMMITTEE CHAIRS OR

THE SOCIAL SERVICE ADMINISTRATOR ARE DISCUSSED WITH THE DIRECTOR OF

PROGRAMS AND/OR THE FULL BOARD OF DIRECTORS PRIOR TO GRANT APPROVAL. ANY

COMMITTEE MEMBER WITH A CONFLICT OF INTEREST IS EXCLUDED FROM THE

DISCUSSION AND DECISION PROCESS. NO CONFLICTS OF INTEREST CURRENTLY EXIST

IN ANY OF THE AREAS DISCUSSED ABOVE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

OVERLAKE SERVICE LEAGUE

Employer identification number

91-0658331

FORM 990, LINE 6

VOLUNTEER ACTIVITIES

VOLUNTEERS PERFORM MANY FUNCTIONS FOR THE ORGANIZATION, INCLUDING

OVERALL MANAGEMENT, FINANCE, HUMAN RESOURCES, MARKETING AND FUNDRAISING

ACTIVITIES. ADDITIONALLY, VOLUNTEERS SUPPORT OUR VARIOUS SOCIAL SERVICE

PROGRAMS, INCLUDING MANAGEMENT AND SALES AT THE THRIFT SHOP,

BREKTIME/MEALTIME ASSEMBLY, ADOPT-A-FAMILY DISTRIBUTION, AND OVERSIGHT

OF FAMILY ASSISTANCE, FOCUS ON YOUTH AND PARTNERSHIP FOR INDEPENDENCE

SERVICES.