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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2010

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning

, 2010, and ending

G Check all that apply:  Initial return  Initial Return of a former public charity  Final return  
 Amended return  Address change  Name change

OLYMPIA TUMWATER FOUNDATION  
P.O. BOX 4098  
TUMWATER, WA 98501-0098

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) **► \$ 8,505,842.** J Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

(Part I, column (d) must be on cash basis)

A Employer identification number  
**91-0741161**

B Telephone number (see the instructions)  
**(360) 943-2550**

C If exemption application is pending, check here ►

D 1 Foreign organizations, check here ►   
**2 Foreign organizations meeting the 85% test, check here and attach computation** ►

E If private foundation status was terminated under section 507(b)(1)(A), check here ►

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	251,524.			
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	172,295.	172,295.	172,295.	
	5a Gross rents b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	379,711.			
	7 Capital gain net income (from Part IV, line 2).		379,711.		
	8 Net short-term capital gain			141,653.	
	9 Income modifications				
	10a Gross sales less returns and allowances b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	SEE STATEMENT 1	44,627.	44,627.	44,627.	
	12 Total. Add lines 1 through 11	848,157.	596,633.	358,575.	
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	87,515.			87,515.
	14 Other employee salaries and wages	131,810.			131,810.
	15 Pension plans, employee benefits	7,711.			7,711.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) SEE ST 2	2,674.			2,674.
	c Other prof fees (attach sch) SEE ST 3	52,625.	51,308.	51,308.	1,317.
	17 Interest				
	18 Taxes (attach schedule) SEE STM 4	34,437.			34,437.
	19 Depreciation (attach sch) and depletion	35,212.			
	20 Occupancy	602.			602.
	21 Travel, conferences, and meetings	10,689.			10,689.
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	SEE STATEMENT 5	303,556.	30,321.	30,321.	273,235.
	24 Total operating and administrative expenses. Add lines 13 through 23	666,831.	81,629.	81,629.	549,990.
	25 Contributions, gifts, grants paid PART XV	97,891.			97,891.
	26 Total expenses and disbursements. Add lines 24 and 25	764,722.	81,629.	81,629.	647,881.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	83,435.			
	b Net investment income (if negative, enter -0-)		515,004.		
	c Adjusted net income (if negative, enter -0-)			276,946.	

9/9

15

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1	Cash – non-interest-bearing	53,212.	43,713.	43,713.
	2	Savings and temporary cash investments	75.		
	3	Accounts receivable			
		Less allowance for doubtful accounts ►	19,211.		
	4	Pledges receivable			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch) ►			
		Less. allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	4,773.	4,536.	4,536.
	10a	Investments – U.S. and state government obligations (attach schedule)	1,177,166.		
	b	Investments – corporate stock (attach schedule)	3,593,355.		
	c	Investments – corporate bonds (attach schedule)	2,247,599.	7,179,349.	7,714,944.
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ►	1,401,539.		
		Less. accumulated depreciation (attach schedule) SEE STMT 6 ►	813,748.	593,912.	587,791.
	15	Other assets (describe ► SEE STATEMENT 7 )	150,130.	154,858.	154,858.
	16	Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	7,839,433.	7,970,247.	8,505,842.
L I A B I L I T I E S	17	Accounts payable and accrued expenses		2,174.	
	18	Grants payable	19,450.	65,748.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons.			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ► SEE STATEMENT 8 )	173,590.	172,497.	
	23	Total liabilities (add lines 17 through 22)	193,040.	240,419.	
N F E U N D A S S E T B A L A N C E S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			<input type="checkbox"/>	
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			<input checked="" type="checkbox"/>	
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	7,646,393.	7,729,828.	
	30	Total net assets or fund balances (see the instructions)	7,646,393.	7,729,828.	
	31	Total liabilities and net assets/fund balances (see the instructions)	7,839,433.	7,970,247.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,646,393.
2	Enter amount from Part I, line 27a	2	83,435.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	7,729,828.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	7,729,828.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a LPL FINANCIAL ACCT #70064905			P	VARIOUS	VARIOUS
b LPL FINANCIAL ACCT #70064905			P	VARIOUS	VARIOUS
c CHARLES SCHWAB ACCT #61859311			P	VARIOUS	VARIOUS
d CHARLES SCHWAB ACCT #61859311			P	VARIOUS	VARIOUS
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 683,751.		595,306.	88,445.		
b 434,975.		415,530.	19,445.		
c 2,074,080.		1,951,872.	122,208.		
d 4,130,725.		3,981,112.	149,613.		
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))		
a			88,445.		
b			19,445.		
c			122,208.		
d			149,613.		
e					
2 Capital gain net income or (net capital loss). <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>			2	379,711.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8</span>			3	141,653.	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009	577,904.	6,646,869.	0.086944
2008	656,654.	7,365,291.	0.089155
2007	656,456.	8,374,598.	0.078387
2006	741,778.	8,129,683.	0.091243
2005	706,546.	7,923,824.	0.089167

- 2 Total of line 1, column (d) 2 0.434896
- 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.086979
- 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 7,356,256.
- 5 Multiply line 4 by line 3 5 639,840.
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 5,150.
- 7 Add lines 5 and 6 7 644,990.
- 8 Enter qualifying distributions from Part XII, line 4 8 676,973.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1.	
Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1 5,150.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	
3	Add lines 1 and 2	2 0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	3 5,150.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	4 0.
6	Credits/Payments	5 5,150.
a	2010 estimated tax pmts and 2009 overpayment credited to 2010	6a
b	Exempt foreign organizations – tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868)	6c
d	Backup withholding erroneously withheld	6d
7	Total credits and payments. Add lines 6a through 6d	7 0.
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed See attached	9 5,150.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ►	11 Refunded

**Part VII-A Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

	Yes	No
1a		X

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c Did the foundation file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

If 'Yes,' attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If 'Yes,' attach the statement required by General Instruction 7.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ►

WA

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction 6? If 'No,' attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.

**Part VII-A Statements Regarding Activities (Continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X
14	The books are in care of ► JOHN FREEMAN Located at ► P.O. BOX 4098 TUMWATER WA	Telephone no ► (360) 943-2550 ZIP + 4 ► 98501-0098	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes X No
See the instructions for exceptions and filing requirements for Form TD F 90-221. If 'Yes,' enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)	Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here	► <input type="checkbox"/>	N/A
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions)		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)		
3b	N/A		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		
4b			X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

 Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

 Yes  No  
 Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

 Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  Nob If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?5b Organizations relying on a current notice regarding disaster assistance check here ► 

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A  Yes  No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b 

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b **Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9 -----		87,515.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE -----				
-----				
-----				
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000

0

**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.

0

## **Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

1	N/A	
2		
3		
4		

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
3		
All other program-related investments. See instructions		
Total.	Add lines 1 through 3	► 0

All other program-related investments. See instructions

3

**Total.** Add lines 1 through 3

0.

BAA

**Form 990-PF (2010)**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:

a Average monthly fair market value of securities

b Average of monthly cash balances

c Fair market value of all other assets (see instructions)

d **Total** (add lines 1a, b, and c)

e Reduction claimed for blockage or other factors reported on lines 1a and 1c  
(attach detailed explanation)

1e 0.

1a	7,419,780.
1b	48,500.
1c	
1d	7,468,280.
2	0.
3	7,468,280.
4	112,024.
5	7,356,256.
6	367,813.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1 Minimum investment return from Part X, line 6 N/A

2a Tax on investment income for 2010 from Part VI, line 5

2a

1	
2a	
2b	
2c	
3	
4	
5	
6	
7	

b Income tax for 2010 (This does not include the tax from Part VI)

c Add lines 2a and 2b

3 Distributable amount before adjustments. Subtract line 2c from line 1

4 Recoveries of amounts treated as qualifying distributions

5 Add lines 3 and 4

6 Deduction from distributable amount (see instructions)

7 **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.

a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26

1a	647,881.
1b	
2	29,092.
3a	
3b	
4	676,973.
5	5,150.
6	671,823.

b Program-related investments – total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

3 Amounts set aside for specific charitable projects that satisfy the:

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 **Qualifying distributions** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income  
Enter 1% of Part I, line 27b (see instructions)

6 **Adjusted qualifying distributions.** Subtract line 5 from line 4

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ _____				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

BAA

Form 990-PF (2010)

**Part XIV** Private Operating Foundations (see instructions and Part VII-A, question 9)

1	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling	►				
b	Check box to indicate whether the foundation is a private operating foundation described in section	<input checked="" type="checkbox"/> 4942(j)(3) or				4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b	85% of line 2a	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
c	Qualifying distributions from Part XII, line 4 for each year listed	276,946.	146,406.	161,675.	355,921.	940,948.
d	Amounts included in line 2c not used directly for active conduct of exempt activities	235,404.	124,445.	137,424.	302,533.	799,806.
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	676,973.	579,626.	658,556.	665,987.	2,581,142.
						0.
		676,973.	579,626.	658,556.	665,987.	2,581,142.
3	Complete 3a, b, or c for the alternative test relied upon					
a	'Assets' alternative test — enter					
(1)	Value of all assets					
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	245,208.	221,563.	245,511.	279,151.	991,433.
c	'Support' alternative test — enter					
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)					
(3)	Largest amount of support from an exempt organization					
(4)	Gross investment income					

**Part XV** Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed:

**SEE STATEMENT 10**

b The form in which applications should be submitted and information and materials they should include

**SEE STATEMENT FOR LINE 2A**

c Any submission deadlines

**SEE STATEMENT FOR LINE 2A**

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**SEE STATEMENT FOR LINE 2A**

**Part XVII Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> SEE STATEMENT 11				
<b>Total</b>				► 3a 51,224.
<i>b Approved for future payment</i> SEE STATEMENT 12				
<b>Total</b>				► 3b 46,667.
<b>BAA</b>	TEEA0501L	07/23/10		Form 990-PF (2010)

## Part XVI-A . Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1 Program service revenue</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities</b>					
<b>5 Net rental income or (loss) from real estate</b>				14	172,295.
a Debt-financed property					
b Not debt-financed property					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>				18	88,445.
<b>9 Net income or (loss) from special events</b>					291,266.
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue.</b>					
a <b>MISCELLANEOUS</b>				1	14,306.
b <b>RENTAL INCOME</b>				16	30,321.
c					
d					
e					
<b>12 Subtotal Add columns (b), (d), and (e)</b>				305,367.	291,266.
<b>13 Total Add line 12, columns (b), (d), and (e)</b>					596,633.

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

**2010**

Name of the organization

**OLYMPIA TUMWATER FOUNDATION**

Employer identification number

**91-0741161**

Organization type (check one)

Filers of:

Form 990 or 990-EZ

**Section:**

501(c)(\_\_\_\_\_) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year

► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990,  
990EZ, or 990-PF.

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

OLYMPIA TUMWATER FOUNDATION

Employer identification number

91-0741161

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF THEODORE & RUTH SCHMIDT PO BOX 2 OLYMPIA, WA 98507	\$ 76,844	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ANGELA J BOWEN CONSERVANCY 1010 ROGERS STREET SW OLYMPIA, WA 98502	\$ 67,560	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LOTT 500 ADAMS STREET NE OLYMPIA, WA 98501	\$ 51,646	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JAMES BREMNER 2103 HARRISON AVENUE NE #719 OLYMPIA, WA 98502	\$ 17,304	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	LARRY LEONARDSON 19021 64TH AVENUE NE KENMORE, WA 98028	\$ 17,094	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	LAUREL SEAMAN 2103 HARRISON AVENUE NW #764 OLYMPIA, WA 98502	\$ 11,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

Name of organization

OLYMPIA TUMWATER FOUNDATION

Employer identification number

91-0741161

**Part I** **Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FRANK & SUE SCHMIDT PO BOX 507 EAST OLYMPIA, WA 98540	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)

Name of organization

OLYMPIA TUMWATER FOUNDATION

Employer identification number

91-0741161

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	IVY REMOVAL	\$ 67,560.	VARIOUS
3	PARKING LOT PAVING	\$ 51,646.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

**Employer identification number**

OLYMPIA TUMWATER FOUNDATION

91-0741161

**Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)**

1 Exclusively religious, charitable, etc. individual contributions to section 501(c)(3), (4), or (16) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)

▶ \$

N/A

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## FEDERAL STATEMENTS

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OLYMPIA TUMWATER FOUNDATION

91-0741161

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS RENTAL INCOME	\$ 14,306. 30,321.	14,306. 30,321.	14,306. 30,321.
TOTAL	\$ 44,627.	\$ 44,627.	\$ 44,627.

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOTAL	\$ 2,674.	\$ 0.	\$ 0.	\$ 2,674.

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	\$ 51,308.	\$ 51,308.	\$ 51,308.	
MISCELLANEOUS	1,317.			\$ 1,317.

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	\$ 28,931.			\$ 28,931.
PROPERTY TAXES	5,506.			5,506.

**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	\$ 4,718.			\$ 4,718.
COMPUTER EXPENSE	8,234.			8,234.
CREDIT CARD FEES	613.			613.
DONATED MATERIALS AND SUPPLIES	126,543.			126,543.
DUES	1,394.			1,394.
INSURANCE	11,125.			11,125.
JANITORIAL	9,214.			9,214.
LAUNDRY AND UNIFORMS	1,965.			1,965.
MEETING EXPENSE	2,070.			2,070.
MISCELLANEOUS	6,877.			6,877.
OFFICE SUPPLIES	2,769.			2,769.
POSTAGE	599.			599.
RENTAL EXPENSES TO OFFSET INCOME		\$ 30,321.	\$ 30,321.	-30,321.
REPAIRS AND MAINTENANCE	54,152.			54,152.
SECURITY	24,259.			24,259.
SPRAYING AND FERTILIZER	3,697.			3,697.
SUPPLIES	9,861.			9,861.
TELEPHONE	5,070.			5,070.
UTILITIES	24,001.			24,001.
VEHICLE EXPENSE	4,893.			4,893.
WEBSITE	1,502.			1,502.
<b>TOTAL</b>	<b>\$ 303,556.</b>	<b>\$ 30,321.</b>	<b>\$ 30,321.</b>	<b>\$ 273,235.</b>

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 14**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
MISCELLANEOUS	\$ 1,401,539.	\$ 813,748.	\$ 587,791.	\$ 587,791.
<b>TOTAL</b>	<b>\$ 1,401,539.</b>	<b>\$ 813,748.</b>	<b>\$ 587,791.</b>	<b>\$ 587,791.</b>

**STATEMENT 7**  
**FORM 990-PF, PART II, LINE 15**  
**OTHER ASSETS**

	BOOK VALUE	FAIR MARKET VALUE
EMPLOYEE BENEFIT PLANS	\$ 154,858.	\$ 154,858.
<b>TOTAL</b>	<b>\$ 154,858.</b>	<b>\$ 154,858.</b>

**STATEMENT 8**  
**FORM 990-PF, PART II, LINE 22**  
**OTHER LIABILITIES**

PAYROLL TAXES PAYABLE	\$ 6,106.
ADVANCE RENTAL DEPOSITS	11,533.
EMPLOYEE BENEFIT PLANS	154,858.
<b>TOTAL \$ 172,497.</b>	

**STATEMENT 9**  
**FORM 990-PF, PART VIII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JACALYN TOBOSA PO BOX 4098 TUMWATER, WA 98501	EXECUTIVE VP 40.00	\$ 87,515.	\$ 0.	\$ 0.
DR ANGELA BOWEN 1010 SW ROGERS STREET OLYMPIA, WA 98502	TRUSTEE 1.00	0.	0.	0.
DR JAMES BREMNER 2103 HARRISON AVENUE NW #719 OLYMPIA, WA 98502	PRESIDENT ELECT 2.00	0.	0.	0.
MIMI FIELDING 1902 SULLIVAN DRIVE GIG HARBOR, WA 98335	TRUSTEE 1.00	0.	0.	0.
JAMES HAIGHT 2821 ORANGE STREET SE OLYMPIA, WA 98501	SEC/TREASURER 2.00	0.	0.	0.
JOHN HEELAN 4206 FOREST PARK STREET NW OLYMPIA, WA 98502	TRUSTEE 1.00	0.	0.	0.
DR ROY HEYNDERICKX 5300 PACIFIC AVENUE SE LACEY, WA 98503	TRUSTEE 1.00	0.	0.	0.
KATIE HURLEY 3530 33RD WAY NW OLYMPIA, WA 98502	TRUSTEE 1.00	0.	0.	0.
WILLIAM JACOBS 3023 SHERWOOD DRIVE SE OLYMPIA, WA 98501	VICE PRESIDENT 2.00	0.	0.	0.

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## FEDERAL STATEMENTS

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## OLYMPIA TUMWATER FOUNDATION

91-0741161

**STATEMENT 9 (CONTINUED)**  
**FORM 990-PF, PART VIII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DANIEL O'NEILL PO BOX 4128 TUMWATER, WA 98501	PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
DREW PHILLIPS PO BOX 11489 OLYMPIA, WA 98508	VICE PRESIDENT 2.00	0.	0.	0.
PETER SCHMIDT 3300 MERIDIAN AVENUE N #411 SEATTLE, WA 98103	TRUSTEE 1.00	0.	0.	0.
<b>TOTAL \$ 87,515. \$ 0. \$ 0.</b>				

**STATEMENT 10**  
**FORM 990-PF, PART XV, LINE 2A-D**  
**APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: SCHOLARSHIP PROGRAM  
 NAME: OLYMPIA TUMWATER FOUNDATION  
 CARE OF: JOHN FREEDMAN  
 STREET ADDRESS: P.O. BOX 4098  
 CITY, STATE, ZIP CODE: TUMWATER, WA 98501-0098  
 TELEPHONE: (360) 943-2550  
 FORM AND CONTENT: COPIES ATTACHED-APPLICATION FORM  
 SUBMISSION DEADLINES: MAY 1 OF EACH YEAR  
 RESTRICTIONS ON AWARDS: SEE ATTACHED-STUDENT LETTER DESCRIBING REQUIREMENTS

**STATEMENT 11**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND-ATION STATUS	PURPOSE OF GRANT	AMOUNT
ANIKA ENGELS 1218 WICKIE PLACE SE TUMWATER, WA 98501	NONE	NONE	SCHOLARSHIP	\$ 2,500.
ALEXANDER KAMENZ 3810 STIKES DRIVE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	2,500.

**STATEMENT 11 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
STEPHANIE PARK 3893 STIKES DRIVE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	\$ 2,500.
TARIQ JABAIDI 4826 43RD LANE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	2,500.
VANESSA CARRILLO 1328 LAREDO DRIVE SE OLYMPIA, WA 98503	NONE	NONE	SCHOLARSHIP	1,750.
ELIZABETH JACKSON 7923 6TH AVENUE SE OLYMPIA, WA 98503	NONE	NONE	SCHOLARSHIP	1,750.
MICHAEL KVAVLE 12832 HUNTER ROAD ROCHESTER, WA 98579	NONE	NONE	SCHOLARSHIP	1,750.
KEVIN QUINN 4407 GREEN COVE NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,750.
MAI ROACH 6648 STEAVER DRIVE SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	1,750.
JARON WILLIAMS 8947 WENDY DRIVE SE OLYMPIA, WA 98513	NONE	NONE	SCHOLARSHIP	1,750.
SARAH BJORKLUND 3610 COOPER CREST DRIVE NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,250.
SARAH GABEL 4707 25TH AVENUE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,250.
ALEXANDER SANCHEZ 19522 JUTLAND STREET SW ROCHESTER, WA 98579	NONE	NONE	SCHOLARSHIP	1,250.
JESSI VANDIVER PO BOX 885 RAINIER, WA 98576	NONE	NONE	SCHOLARSHIP	1,250.
MELISSA AYRES 4304 CLEARWATER COURT SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,000.

**STATEMENT 11 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
NICHOLAS BARR 5712 CRYSTAL COURT SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	\$ 1,000.
PAT CARROLL 2601 CEDAR HILLS COURT SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,000.
PAXTON RICE 7239 48TH WAY NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,000.
SARAH SANCHEZ 548 PARK AVENUE E TENINO, WA 98589	NONE	NONE	SCHOLARSHIP	1,000.
JON SCHOLD 2335 48TH AVENUE SW TUMWATER, WA 98501	NONE	NONE	SCHOLARSHIP	1,000.
VALERIE BUSH 5921 58TH AVENUE SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	1,000.
SOUTH PUGET SOUND CC 2011 MOTTMAN ROAD SW OLYMPIA, WA 98512	NONE	NONE	SCHOLARSHIP	5,000.
LOC HUA 810 LILLY ROAD SE OLYMPIA, WA 98506	NONE	NONE	SCHOLARSHIP	1,450.
SEUNG HEE LEE 8811 ROSARIO STREET SE OLYMPIA, WA 98513	NONE	NONE	SCHOLARSHIP	2,500.
CHILD CARE ACTION COUNCIL PO BOX 446 OLYMPIA, WA 98507	NONE	NONE	GRANT	2,000.
HANDS ON CHILDREN'S MUSEUM 106 11TH AVENUE SW OLYMPIA, WA 98501	NONE	NONE	GRANT	2,500.
OLYMPIA EARLY LEARNING CENTER 201 CAPITOL WAY N 98501, WA	NONE	NONE	GRANT	2,274.
RAINIER ELEMENTARY SCHOOL PO BOX 98576 RAINIER, WA 98576	NONE	NONE	GRANT	2,000.

## OLYMPIA TUMWATER FOUNDATION

91-0741161

**STATEMENT 11 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ROCHESTER PRIMARY SCHOOL 7440 JAMES ROAD SW ROCHESTER, WA 98579	NONE	NONE	GRANT	\$ 100.
SOUTH SOUND YMCA 1530 YELM HIGHWAY SE OLYMPIA, WA 98501	NONE	NONE	GRANT	900.
				<b>TOTAL \$ 51,224.</b>

**STATEMENT 12**  
**FORM 990-PF, PART XV, LINE 3B**  
**RECIPIENT APPROVED FOR FUTURE PAYMENT**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GRANT JOHNSON 12343 MOES ROAD SE RAINIER, WA 98576	NONE	NONE	SCHOLARSHIP	\$ 3,500.
JAELLA LEVIEEN 15917 QUAIL MEADOWS COURT SE YELM, WA 98597	NONE	NONE	SCHOLARSHIP	5,000.
ASHLEY YATES 5513 CRANEY COURT SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	5,000.
ANIKA ENGELS 1218 WICKIE PLACE SE TUMWATER, WA 98501	NONE	NONE	SCHOLARSHIP	2,500.
ALEXANDER KAMENZ 3810 STIKES DRIVE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	2,500.
STEPHANIE PARK 3893 STIKES DRIVE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	2,500.
TARIQ JABAIDI 4826 43RD LANE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	2,500.
VANESSA CARRILLO 1328 LAREDO DRIVE SE OLYMPIA, WA 98513	NONE	NONE	SCHOLARSHIP	1,750.

**STATEMENT 12 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3B**  
**RECIPIENT APPROVED FOR FUTURE PAYMENT**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ELIZABETH JACKSON 7923 6TH AVENUE SE OLYMPIA, WA 98503	NONE	NONE	SCHOLARSHIP	\$ 1,750
MICHAEL KVALE 12832 HUNTER ROAD ROCHESTER, WA 98579	NONE	NONE	SCHOLARSHIP	1,750
KEVIN QUINN 4407 GREEN COVE NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,750
MAI ROACH 6648 STEAVER DRIVE SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	1,750
JARON WILLIAMS 8947 WENDY DRIVE SE 98513, WA	NONE	NONE	SCHOLARSHIP	1,750
SARAH BJORKLUND 3610 COOPER CREST DRIVE NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,250
SARAH GABEL 4707 25TH AVENUE SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,250
ALEXANDER SANCHEZ 19552 JUTLAND STREET SW ROCHESTER, WA 98579	NONE	NONE	SCHOLARSHIP	1,250
JESSI VANDIVER PO BOX 885 RAINIER, WA 98576	NONE	NONE	SCHOLARSHIP	1,250
MELISSA AYRES 4304 CLEARWATER COURT SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,000
NICHOLAS BARR 5712 CRYSTAL COURT SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	1,000
PAT CARROLL 2601 CEDAR HILLS COURT SE LACEY, WA 98503	NONE	NONE	SCHOLARSHIP	1,000
PAXTON RICE 7239 48TH WAY NW OLYMPIA, WA 98502	NONE	NONE	SCHOLARSHIP	1,000
SARAH SANCHEZ 548 PARK AVENUE E TENINO, WA 98589	NONE	NONE	SCHOLARSHIP	1,000

2010

## FEDERAL STATEMENTS

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OLYMPIA TUMWATER FOUNDATION

91-0741161

**STATEMENT 12 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3B**  
**RECIPIENT APPROVED FOR FUTURE PAYMENT**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
JON SCHOLD 2335 48TH AVENUE SW TUMWATER, WA 98501	NONE	NONE	SCHOLARSHIP	\$ 1,000
VALERIE BUSH 5921 58TH AVENUE SE LACEY, WA 98513	NONE	NONE	SCHOLARSHIP	1,667
<b>TOTAL</b>				<b>\$ <u>46,667</u></b>



P. O. Box 4098, Tumwater, WA 98501  
Voice: 360.943.2550  
Fax: 360.943.6755  
E-mail: [otf@olytumfoundation.org](mailto:otf@olytumfoundation.org)  
Web: [www.olytumfoundation.org](http://www.olytumfoundation.org)

May 21, 2010

Student  
Student address  
Student address

Dear Student;

I would like to extend our congratulations to you and offer our best wishes for a very successful college career. I am pleased to inform you that the Olympia Tumwater Foundation's Scholarship committee has elected to award you the OTF Scholarship in the amount of                   . This scholarship will be paid over any two consecutive years of undergraduate study. This is a tuition first scholarship and will be paid directly to the in-state school of your choice.

We request that you supply this office with the following information as soon as possible and would prefer to receive the information electronically. Please send the information to [otf@olytumfoundation.org](mailto:otf@olytumfoundation.org).

1. Signed photo release form (enclosed)
2. High School year book or other head shot photo.
3. Complete informational bio for our press release. Please be brief 50 words or less.

Your scholarship is for undergraduate study, but may be deferred for up to three years from the receipt date. Please remember the scholarship will be paid over any two consecutive years. This is a tuition first scholarship, but may be used for books and other educational needs if the tuition is paid in full. Please plan ahead, as your scholarship will not be paid until we receive the following information:

**FIRST YEAR:** Name of the school you will be attending along your student identification number, date tuition is due, and a certificate of enrollment. This is an official document that comes from the college registrar.

**SECOND YEAR:** We will require a copy of transcript reflecting a minimum 2.5 grade point average, a brief 1 page summary of your previous year and a certificate of enrollment.

The scholarship you will be receiving most likely named for a donor who has contributed significant funds to make it possible or is named in memory of a family member. We will be giving you information about the particular scholarship you receive. If you agree that a note of thanks would be appropriate, please address it to the donors of your scholarship, send it to OTF, and we will forward it to the appropriate party. (And yes, we also accept e-mails).

You should be proud of your accomplishments, we look forward to seeing you at the awards reception on Sunday, May 6 at the Schmidt House starting at 4:00 pm. Please bring your cap and gown with you that afternoon. Please feel free to contact me should you have questions.

Sincerely,

Jacalyn L. Tobosa  
Executive Director



P O Box 4098  
Tumwater WA 98501  
Phone 360-943-2550  
OTF@olytumfoundation.org

## 2010 SCHOLARSHIP APPLICATION FORM

(attach additional sheets as needed)

### Section I

1. Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail address (please print) \_\_\_\_\_  
Do you (student) work?  Yes  No If yes, amount earned year-to-date \$ \_\_\_\_\_  
College planning to attend \_\_\_\_\_ Course of study \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. Mother's Name \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_
4. Father's Name \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_
5. Parent/Guardian's annual income from other sources e.g. retirement, social security, welfare, VA benefits, child support, etc. \_\_\_\_\_
6. Who do you live with? Mother and Father  Mother  Father  Other \_\_\_\_\_
7. How many siblings do you have? \_\_\_\_\_ Please list their ages \_\_\_\_\_  
Number of children attending college next year (including you) \_\_\_\_\_  
Number of self-supporting children in your family \_\_\_\_\_

### Section II

8. Please list your summer and/or after school work experience:

Employer

Hours/week

Dates employed

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9. Please list any educational savings or trust accounts and account balances.

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10. Do you or your family have a relationship with the Olympia Tumwater Foundation? Explain:

11. Have there been any recent changes in your family's financial situation that affect your ability to pay for college? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there anything about your financial situation you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Did you submit a Federal Application for Student Aid (FAFSA) Yes  No  If yes, please include your SAR (may be placed in a sealed envelope) and school financial aid offers. If no, why not? (Inadequate financial information may void this application.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List any additional scholarships you have applied for as well as amounts awarded to you, if known. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section III

15. On a separate sheet of paper please list the following information:  
a. Honors or awards you have received in high school.  
b. Extra-curricular high school related activities, i.e. athletics, music, organizations, etc.  
c. Extra-curricular non-school related community-based activities.  
d. Offices you have held - school or community based.

16. On a separate sheet of paper:  
a. Please write a paragraph explaining why you are applying for this scholarship. Include choice of school(s) and your academic career plans.  
b. Please write a paragraph describing circumstances or individuals which have been influential in your life.

### Section IV

17. Grade Point Average (7 semesters) \_\_\_\_\_ ACT Score \_\_\_\_\_  
SAT Score: \_\_\_\_\_ (Cumulative) Critical reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

### Section V

18. Attach letter of recommendation.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Counselor)