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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: WASHINGTON STATE QUILTERS - SPOKANE CHAPTER. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 7117. City or town, state or country, and ZIP + 4: SPOKANE, WA 99207

D Employer identification number: 91-1113012. E Telephone number: (509) 747-6154. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(4) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 105,694

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) includes contributions, program service revenue, membership dues, investment income, gaming and fundraising events, and total revenue of 37,740. Expenses section (lines 10-17) includes grants paid, salaries, and other expenses, totaling 35,253. Net Assets section (lines 18-21) shows excess/deficit of 2,487 and ending net assets of 110,539.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	102,776	<b>22</b>	104,816
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	11,362	<b>24</b>	12,459
<b>25 Total assets</b> . . . . .	114,138	<b>25</b>	117,275
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	6,086	<b>26</b>	6,736
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	108,052	<b>27</b>	110,539

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

TO PROMOTE AND ENHANCE THE ART OF QUILTING AND QUILTMaking BY EXHIBITIONS, LECTURES AND WORKSHOPS TO FOSTER THE CONSERVATION AND PRESERVATION OF OF QUILTS AND INCREASE PUBLIC AWARENESS AND APPRECIATION OF QUILTS THROUGH OUR QUILT SHOW

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> MEMBERSHIP DUES USED TO PROVIDE QUARTERLY LECTURES, WORKSHOPS NEWSLETTER, AND LIBRARY FOSTER THE CONSERVATION AND PRESERVATION OF QUILTS AND INCREASE PUBLIC AWARENESS AND APPRECIATION OF QUILTS THROUGH THE QUILT SHOW (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	33,123
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	33,123

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 (SHERRY THOMPSON, PRESIDENT) and Date (2011-06-24).

Paid Preparer's Use Only: Preparer's signature (KENNETH E SECREST), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name and address (MCDIR MID MIKKELSEN & SECREST PS, 926 W SPRAGUE AVE STE 300, SPOKANE, WA 992014000), EIN, and Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-1113012

**Name:** WASHINGTON STATE QUILTERS - SPOKANE CHAPTER

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
SHERRY THOMPSON PO BOX 7117 SPOKANE, WA 99207	PRESIDENT 2 00	0	0	0
CAROLYN KRUGER PO BOX 7117 SPOKANE, WA 99207	1ST VICE PRESIDENT 2 00	0	0	0
KATHLEEN WOODS PO BOX 7117 SPOKANE, WA 99207	2ND VICE PRESIDENT 2 00	0	0	0
PAULA FERRY PO BOX 7117 SPOKANE, WA 99207	TREASURER 2 00	0	0	0
TERRY ENGLEMAN PO BOX 7117 SPOKANE, WA 99207	SECRETARY 2 00	0	0	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON STATE QUILTERS - SPOKANE CHAPTER

Employer identification number 91-1113012

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 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

**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
		<b>QUILT SHOW</b>			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	66,599			66,599
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	66,599			66,599
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	18,296			18,296
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	42,831			42,831
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				61,127
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				5,472	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

**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? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 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? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>
<b>b</b> An outside facility . . . . .	<b>13b</b>

**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? . . . . .  Yes  No

**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? . . . . .  Yes  No

**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 ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

WASHINGTON STATE QUILTERS - SPOKANE CHAPTER

**Employer identification number**

91-1113012

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,193

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION NEWSLETTER ADVERTISING AMOUNT 870

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION QUILTS FOR ILL CHILDREN/WOMEN'S SHELTERS GRANTEE NAME COMMUNITY COMFORTERS GRANTEE ADDRESS 9609 N RIDGE CREST DR SPOKANE, WA 99208 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION QUILTS FOR NEEDY FAMILIES GRANTEE NAME HEART & HANDS QUILTERS GRANTEE ADDRESS PO BOX 985 MEDICAL LAKE, WA 99022 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION QUILTS FOR NEEDY FAMILIES GRANTEE NAME MOUNTAIN OF QUILTS GRANTEE ADDRESS 2525 E 53RD SPOKANE, WA 99223 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION QUILTS FOR NEEDY FAMILIES/CHILDREN GRANTEE NAME SPOKANE VALLEY QUILT GUILD GRANTEE ADDRESS P O BOX 13516 SPOKANE VALLEY, WA 99213 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION QUILTS FOR NEEDY FAMILIES GRANTEE NAME TUESDAY THIMBLES-QOV GRANTEE ADDRESS 16115 E TEMPLE ROAD SPOKANE, WA 99217 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/10 AMOUNT GIVEN 100 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 500

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 45

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION WORKSHOPS AMOUNT 11,155 DESCRIPTION SPEAKERS AMOUNT 5,842 DESCRIPTION INSURANCE AMOUNT 585 DESCRIPTION PROMOTION/EDUCATION AMOUNT 842 DESCRIPTION MISCELLANEOUS AMOUNT 530 DESCRIPTION QUILTING BEES AMOUNT 393 DESCRIPTION MEMBERSHIP AMOUNT 316 DESCRIPTION SUPPLIES/POSTAGE AMOUNT 621 DESCRIPTION HISTORIAN AMOUNT 201 DESCRIPTION HOSPITALITY AMOUNT 157 DESCRIPTION PARLIAMENTARIAN AMOUNT 90 DESCRIPTION RENTAL PO BOX AMOUNT 44 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 10,025 DESCRIPTION WEBSITE AMOUNT 131 DESCRIPTION LIBRARIAN AMOUNT 111 TOTAL TO FORM 990-EZ, LINE 16 31,043

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION 2 QUILTS BEG OF YEAR AMOUNT 4,500 END OF YEAR AMOUNT 4,500 DESCRIPTION MEMORABILIA BEG OF YEAR AMOUNT 921 END OF YEAR AMOUNT 739 DESCRIPTION LIBRARY INVENTORY BEG OF YEAR AMOUNT 5,926 END OF YEAR AMOUNT 5,926 DESCRIPTION PREPAID EXPENSES AND DEFERRED CHARGES BEG OF YEAR AMOUNT 15 END OF YEAR AMOUNT 920 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 374

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION SALES TAXES PAYABLE BEG OF YEAR AMOUNT 1,007 END OF YEAR AMOUNT 1,149 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 5,079 END OF YEAR AMOUNT 5,587

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return WASHINGTON STATE QUILTERS - SPOKANE CHAPTER

Business or activity to which this form relates FORM 990-EZ PAGE 1

Identifying number 91-1113012

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property election details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 10 rows for general depreciation system assets.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 5 columns and 3 rows for alternative depreciation system assets.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation amounts.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

**26** Property used more than 50% in a qualified business use

**27** Property used 50% or less in a qualified business use

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows include 37-41 regarding policy statements and requirements.

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

**42** A amortization of costs that begins during your 2010 tax year (see instructions)

**43** A amortization of costs that began before your 2010 tax year **43**

**44 Total.** Add amounts in column (f) See the instructions for where to report **44**

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** WASHINGTON STATE QUILTERS - SPOKANE CHAPTER

**EIN:** 91-1113012

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.