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

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, 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**

**A** For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
International Association of Lions Clubs  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
PO Box 416  
 City or town, state or country and ZIP + 4  
Olympia WA 98507-0416

**D** Employer identification number  
91-6067324

**E** Telephone number  
(360) 491-7277

**F** Group Exemption Number  
0239

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: http://www.olympiahospitalions.org

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**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. \$ 50,670.

**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 ☒

LINE	DESCRIPTION	AMOUNT
1	Contributions, gifts, grants, and similar amounts received	200.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	8,059.
4	Investment income	16.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ 93,328. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	42,395.
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	42,395.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	50,670.
10	Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	400.
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	140.
16	Other expenses (describe in Schedule O)	See Form 990-EZ Part I, Line 16 Other Expenses
16		22,364.
17	<b>Total expenses.</b> Add lines 10 through 16	46,684.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	3,986.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	22,570.
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	26,556.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

23 P

SCANNED FEB 29 2011

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,570.	22 26,556.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O) <u>Security deposit</u>	0.	24 0.
25 Total assets	22,570.	25 26,556.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,570.	27 26,556.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Not for Profit/Public Good

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.

**Expenses**

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

28 <u>Eyesight and hearing conservation, including payments for eyeglasses, exams and hearing aids for many individuals</u>		
(Grants \$ <u>9,180.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	9,180.
29 <u>Various Projects for youth, seniors and special needs in the community, including scholarships</u>		
(Grants \$ <u>14,600.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	14,600.
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	23,780.

**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 and deferred compensation	(e) Expense account and other allowances
<u>Ray Cakier</u> <u>1125 121th Avenue SE</u> <u>Olympia WA 98501</u>	President 5.00	0.	0.	0.
<u>Jed Herman</u> <u>404 35th Avenue NE</u> <u>Olympia WA 98506</u>	Vice-President 5.00	0.	0.	0.
<u>Wayne Roice</u> <u>401 San Mar Drive</u> <u>Olympia WA 98506</u>	Treasurer 4.00	0.	0.	0.
<u>Jan Norman</u> <u>3029 Sleater Kinney NE</u> <u>Olympia WA 98506</u>	Secretary 1.00	0.	0.	0.
<u>Ellis Vonheeder</u> <u>8423 Spinnaker Lane SE</u> <u>Olympia WA 98503</u>	Board Member 1.00	0.	0.	0.
<u>Lynda Lovely-Wright</u> <u>4644 John Luhr Beach RD NE</u> <u>Olympia WA 98516</u>	Board Member 1.00	0.	0.	0.
<u>Tom Glover</u> <u>3524 Ashley Drive NE</u> <u>Olympia WA 98506</u>	Board Member 1.00	0.	0.	0.
<u>Pat Creighton</u> <u>6426 Glenwood Drive SW</u> <u>Olympia WA 98512</u>	Board 1.00	0.	0.	0.
<u>Art Weatherly</u> <u>3029 Sleater Kinney NE</u> <u>Olympia WA 98506</u>	Board Member 5.00	0.	0.	0.

**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 ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		

**42a** The organization's books are in care of **Wayne I Roice** Telephone no **(360) 491-7277**  
Located at **PO Box 416** **Olympia** **WA** ZIP + 4 **98507-0416**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **43**

and enter the amount of tax-exempt interest received or accrued during the tax year

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a**

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**

**c** Did the organization receive any payments for indoor tanning services during the year? **44c**

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 Yes No
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.) 45a Yes No
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Yes No

**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, and complete the tables for lines 50 and 51.

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

- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
- b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

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.'

(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 and deferred compensation	(e) Expense account and other allowances
None				

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.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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 02/15/12  
Date  
Wayne I. Roice Treasurer  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date  
Frawn L. Witt Frawn L. Witt 01/30/12  
Firm's name ▶ VISTA ACCOUNTING SERVICES Check ☒ if self-employed PTIN P01249517  
Firm's address ▶ PO BOX 73 Firm's EIN  
LITTLEROCK WA 98556-0073 Phone no (360) 870-2939

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

BAA

Form 990-EZ (2010)

Department of the Treasury  
Internal Revenue Service

**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.**

## 2010

**Open to Public Inspection**

Employer identification number

|91-6067324

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

☐ Yes    ☐ No**Total**

-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Apple Sales</u> (event type)	(event type)	(total number)	(add column (a) through column (c))	
1	Gross receipts	72,488.			72,488.	
2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	72,488.			72,488.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	50,933.			50,933.
	10	Direct expense summary Add lines 4- through 9 in column (d)				50,933.
11	Net income summary Combine line 3, column (d), and line 10				21,555.	

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	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, column (d) and line 7				

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

a The organization's facility

13a %

b An outside facility

13b %

14 Enter 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 contact 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

## 2010

**Open to Public Inspection**

Name of the organization

Employer identification number

International Association of Lions Clubs

91-6067324

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

Lunch	3,871.
Dues International	1,567.
Banquets	225.
Club Supplies	1,499.
Training	50.
Supplies for Vision	15,152.
Supplies for Vision Clinic, community dinner, craft project Camp Leo	0.
<b>Total</b>	<b>22,364.</b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment Contribution for Eyebank

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Sight	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Sightlife 221 Yale Avenue N., Suite 450 Seattle WA 98109-5440	Affiliate	1,030.

If property other than cash was given, the following additional information needs to be provided

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Assisting Impoverished	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CARE 151 Ellis St. NE Atlanta GA 30303-2440	None	200.

If property other than cash was given, the following additional information needs to be provided

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Sight	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Lions Club International Foundation</u> <u>300 West 22nd Street</u> <u>Oak Brook IL 60523-8842</u>	Affiliate	5,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Donation to Foundation to restore sight

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Sight	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Northwest Lions Foundation for Sight</u> <u>221 Yale Avenue N</u> <u>Seattle WA 98109-5490</u>	Affiliate	2,650.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Donation to Camp for diabetic youth

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Camp Leo</u> <u>370 W Panhandle Lake Road</u> <u>Shelton WA 98584</u>	None	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Art Institute of Seattle</u> <u>2601 Elliott Avenue # 1000</u> <u>Seattle WA 98121</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>People to People</u> <u>911 Main Street</u> <u>Kansas City MO 64105-5305</u>	<u>None</u>	<u>250.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assist Disabled</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Morningside</u> <u>PO box 7936</u> <u>Olympia WA 98504</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assist Homeless</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Homeless Backpacks</u> <u>PO Box 5505</u> <u>Lacey</u> <u>WA</u> <u>98509</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assist impoverished</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>First Baptist Church</u> <u>904 Washington Street</u> <u>Olympia</u> <u>WA</u> <u>98501</u>	<u>None</u>	<u>1,150.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined