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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

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		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	International Association of Lions Clubs		91-6067324	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	PO Box 416		(360) 491-7277	
		City or town, state or country and ZIP + 4		F Group Exemption Number	
		Olympia		WA 98507-0416 ► 0239	
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website:		► http://www.olympiahostlions.org			
J Tax-exempt status (ck only one)		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> 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. <input checked="" type="checkbox"/>					
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 200.			
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3 8,059.			
	4 Investment income	4 16.			
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b 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)	6b 42,395.			
c Less direct expenses from gaming and fundraising events	6c				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 42,395.				
7a Gross sales of inventory, less returns and allowances	7a				
b Less cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
8 Other revenue (describe in Schedule O)	8				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 50,670.				
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt	10 23,780.		
	11 Benefits paid to or for members		11		
	12 Salaries, other compensation, and employee benefits		12		
	13 Professional fees and other payments to independent contractors		13 400.		
	14 Occupancy, rent, utilities, and maintenance		14		
	15 Printing, publications, postage, and shipping		15 140.		
	16 Other expenses (describe in Schedule O)	See Form 990 EZ Part I, Line 16 Other Expenses	16 22,364.		
17 Total expenses. Add lines 10 through 16	► 17 46,684.	17			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 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)		19 22,570.			
20 Other changes in net assets or fund balances (explain in Schedule O)		20			
21 Net assets or fund balances at end of year. Combine lines 18 through 20		► 21 26,556.			

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

Form 990-EZ (2010)

23 P

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

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O) Security deposit)
 25 Total assets
 26 Total liabilities (describe in Schedule O)
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
22,570.22	26,556.
0.23	0.
0.24	0.
22,570.25	26,556.
0.26	0.
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.

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

33 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 Yes No
33 X

34 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) Yes No
34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T Yes No
35a X

a 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? Yes No
35b

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? Yes No
36 X

36 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 Yes No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
37b X

38a 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? Yes No
38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations. Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
 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 Yes No
40b X

c 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 Yes No
40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40d

e 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 Yes No
40e X

41 List the states with which a copy of this return is filed ► _____

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)? If 'Yes,' enter the name of the foreign country ► _____ Yes No
42b X

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.? If 'Yes,' enter the name of the foreign country ► _____ Yes No
42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a X

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 Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

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 Yes No
44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
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	X
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	X

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

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

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		02/15/12			
	Signature of officer	Date			
	► Wayne I. Roice	Treasurer			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Frawn L. Witt	Preparer's signature Frawn L. Witt	Date 01/30/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01249517
	Firm's name ► VISTA ACCOUNTING SERVICES			Firm's EIN ►	
	Firm's address ► PO BOX 73 LITTEROCK	WA 98556-0073	Phone no (360) 870-2939		

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2010)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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.

Name of the organization

Employer identification number

International Association of Lions Clubs

91-6067324

Part I: **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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)		(ii) Activity		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		►					

3 List all states in which the organization is registered or licensed to solicit contributions 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 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 Apple Sales (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
		72,488.			72,488.
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	72,488.			72,488.
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				
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 _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

International Association of Lions Clubs

Employer identification number
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.
Total	22,364.

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 98109-5450	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		<u>Donation</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Sight</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Lions Club International Foundation</u> <u>300 West 22nd Street</u> <u>Oak Brook</u> <u>IL</u> <u>60523-8842</u>	<u>Affiliate</u>	
			<u>5,500.</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		

Purpose of Payment		<u>Donation to Foundation to restore sight</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Sight</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Northwest Lions Foundation for Sight</u> <u>221 Yale Avenue N</u> <u>Seattle</u> <u>WA</u> <u>98109-5450</u>	<u>Affiliate</u>	
			<u>2,650.</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		<u>Donation to Camp for diabetic youth</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Youth</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Camp Leo</u> <u>370 W Panhandle Lake Road</u> <u>Shelton</u> <u>WA</u> <u>98584</u>	<u>None</u>	
			<u>3,000.</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		

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 checked="" type="checkbox"/> Person <input 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 checked="" type="checkbox"/> Person <input 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 checked="" type="checkbox"/> Person <input 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		<u>Donation</u>	
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>None</u>	
	<u>Lacey</u> <u>WA</u> <u>98509</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		<u>Donation</u>	
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>None</u>	
	<u>Olympia</u> <u>WA</u> <u>98501</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