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Department of the Treasury

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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. Return Secured By EOC Form **990-EZ**

OMB No 1545-1150

Open to Public

		The organization may have to use a copy of this return to	u saus	iy s	state rep	ording req	unenn	erns	mapection
A	For th	e 2008 calendar year, or tax year beginning JUL 1, 2008		a	nd endi	ng JU	N 3	0,	2009
В	Check if applicab	ole Please C Name of organization					D Emp	loyer	identification number
	Addres	ss use IRS							
Ē	Name Chang						3	9 - 1	588899
_	Initial	type Number and street (or P.O. boy if mail is not delivered to street address	3		l R	oom/suite			number
-	return Termi	, 1900	,		"			•	372-2177
늗	lation Amer	1113000 0 1							
닏	—∕returr	1 '						-	emption
<u> </u>	Application	 						nber 🕽	
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attact	a con	nple	eted	G Accoun	iting m	ethod:	X Cash Accrual
		Schedule A (Form 990 or 990-EZ)				Other (·
1 7	Websit	e: ► <u>N/A</u>				H Check		X if	the organization is not
<u>J</u> (Organi	zation type (check only one)— 🗶 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or		527	required to	attach	Sche	dule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ X If the organization is not a section 509(a)(3) supporting organization and its ç	gross r	ecei	ıpts are n	ormally not	more	than \$	25,000. A return is not
		d, but if the organization chooses to file a return, be sure to file a complete return.							
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form	1 990 II	nste	ad of For	m 990-EZ		S	10,881.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund					ictions	for Pa	
	1	Contributions, gifts, grants, and similar amounts received						1	5,523.
	2	Program service revenue including government fees and contracts						2	3,323.
	3	Membership dues and assessments					ì	3	
		1					ł		F 250
	4	Investment income	1 _	ı			- 1	4	5,358.
		Gross amount from sale or assets other than inventory	5a	1					
	b	Less; cost or other basis and sales expenses	5b	<u></u>					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach	sch	edule)			5c	
ī	6	Special events and activities (complete applicable parts of Schedule G). If any amount	ıs from	ga	ming, ch	eck here ►			
Revenue	a	Gross revenue (not including \$ CU TAH of contributions							
æ			6a						
	Ь	Less: direct expenses other than undraising expenses	6b						
	C	Net income or (loss) time special events and activities (Subtract line 6b from line 6a)			······································			6c	
		Gross sales of inventory, less returns and allowances	7a	1			Ì		
		Less: cost of goods sold	7b	t					
		•	70	1				7.	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					}	7c	
	8	Other revenue (describe					- '	8	10 001
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	10,881.
	10	Grants and similar amounts paid (attach schedule)						10	
	11	Benefits paid to or for members					- 1		
es	12	Salaries, other compensation, and employee benefits						12	
Expenses	13	Professional fees and other payments to independent contractors					ļ	13	
Š	14	Occupancy, rent, utilities, and maintenance					ļ	14	
ш	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe S	EE	S	TATE	MENT :	1_)	16	5,010.
	17	Total expenses. Add lines 10 through 16	_					17	5,010.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	5,871.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					1		
\ss		(must agree with end-of-year figure reported on prior year's return)					ļ	19	160,750.
Net Assets	20		EE	gr	יאיי ביי	MENT	2	20	-26,407.
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		.				21	140,214.
D:	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or r	nore f	ıle F	orm 990	instead of I	orm 9		
	41 (11	(See the instructions for Part II.)	11010,1	1		Reginning of		30 12	(B) End of year
90	Cac			ŀ		_ 	760		2,374.
22		h, savings, and investments		}		ے,	, 00		4,3/4.
23		d and buildings		\cdot		150	000	23	137 040
24		er assets (describe SECURITIES		'		156,			137,840.
25		al assets		\cdot		160,	<u>/ 5 U</u>		140,214.
26		al liabilities (describe		'		1.00	750	26	140 044
27 832	<u>Net</u> 171	assets or fund balances (line 27 of column (B) must agree with line 21)				160,	150	. 27	
12-	171 17- 0 8	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions f	or Fori	n 9	90.				Form 990-EZ (2008)

Describe what was achieved in carrying out the organization is even pluriposes. In a clear and connecte manner, describe the services goldens, and the control of the clear information for each program size. Control Contro		1990-EZ (2008) TOMAH ROTARY FOUNDATION			<u> 39-</u>	<u>-15888</u>	199 Page 2
What is the organization's primary exempl upmoses. SEE STATERIN 4 Section shall was an advanced in company to the expansion to search program lide. Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 If this amount includes foreign grants, check here Jais Grants 5 Jais	Pε	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		F:	xnenses
Describe what was achieved on cryoning out the organizations and example purposes. In a clear and concess manner, describe the services provided, the number of persoas beneficial, or other relevant information for each program tide. Committee	Wha	it is the organization's primary exempt number? SEE STATEMENT	r 4			(Required	for 501(c)(3)
Grants \$ If this amount includes foreign grants, check here 22a 25 20 20 20 20 20 20 20				agariba tha agariaga		dand (4) oi	ganizations and
Grants \$ If this amount includes foreign grants, check here 28a 5,000				escribe the services		494/(a)(1) trusts; optional
Grants \$) If this amount includes foreign grants, check here			rogram ane.			Tor others	·)
Grants \$) If this amount includes foreign grants, check here 289 289 30 20 31 Other program services (a) The amount includes foreign grants, check here 310 Mith amount includes foreign grants, check here 310 Mith amount includes foreign grants, check here 310 30 30 31 31 32 32 5,000 31 31 32 32 5,000 31 31 32 32 5,000 31 32 32 52 52 52 52 52 52 52 52 52 52 52 52 52	28	SCHOLARSHIPS PAID					
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Other program service expenses (add lines 28s through 3ta) State program service (_ _		
STEVE AUSTIN PRESIDENT O. O. O. O. O. O. O. O		(Grants \$) If this amount includes foreign	grants, check here	<u>></u>		30a	
Total program service expenses (add lines 28d through 31a) Dent IV List of Officers, Directors, Trustees, and Key Employees. Let each one even trinot compensated one in entructions to Park IV)	31	Other program services (attach schedule)					
Total program service expenses (add lines 28d through 31a) Dent IV List of Officers, Directors, Trustees, and Key Employees. Let each one even trinot compensated one in entructions to Park IV)		(Grants \$) If this amount includes foreign	grants, check here	>		31a	
Part IV List of Officers, Directors, Trustees, and Key Employees. Last auth one sum if not compensated (a) Name and address (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (the paid, enter position of the property of the position	32		,				5 000
(a) Name and address (b) Title and average hous per week devoted to position position position position STEVE AUSTIN PRESIDENT 1024 VICKI DRIVE, TOMAH, WI 54660 TIM VERNIER 9842 ELKORIN ROAD, TOMAH, WI 54660 MICHAEL R. MAYHEW 9895 ELDERADO ROAD, TOMAH, WI 54660 0.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			mnlovees		<u> </u>	102	3,000.
(a) Name and address (b) Itile and average hours beginned to prosition the position of the po		at tv List of Chicero, Bircotors, Trustees, and Itey L	List each one ev	ven ir not compensated	1		
(a) Name and address			(h) Title and average hours	(c) Compensation			(e) Eynense
Dostton -0- O O O O		(a) Name and address					
Compensation PRESIDENT		• •	1				
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1024 VICKI DRIVE, TOMAH, WI 54660	ST	EVE AUSTIN	DRESTDENT			<u> </u>	
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MICHAEL R. MAYHEW 9895 ELDERADO ROAD, TOMAH, WI 54660 SECRETARY-TREASURER 0.00 0.00 0.00			- 1				
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	ΜI	CHAEL R. MAYHEW	SECRETARY-TRE	ASURER			
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832172					Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)		
what is the organization's primary exempl purposes. SEE STATEMENT 4 SENDER what was an abtended in campular the internation for each program side. Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Grants \$) If this amount includes foreign grants, check here Jate 1 Jate 2 Jate 3 Jate 3 Jate 3 Jate 4 Jate 4							
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ານ 10 mg 990-EZ (200 Form 990-EZ (200	8321 12-17	/2 -08				Form	990-EZ (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	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			Ī
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	'A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		_	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:		:	
a	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			İ
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			ļ
	sections 4912, 4955, and 4958	ŀ		
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The books are in care of \blacktriangleright MICHAEL R. MAYHEW Telephone no. \blacktriangleright 608-37			<u>'</u>
	Located at ► 9895 ELDERADO ROAD, TOMAH, WI ZIP+4 ►	<u> 466</u>	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T .
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	1
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			}
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
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	N/A	<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
••	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	''		T
	completed instead of Form 990-EZ	45		х
			00 57	(2008)

Par		501(c)(3) organizations mu	st answer question	ns 46-49 and co	mplet	e the	
	tables for lines 50 and 51						
		n behalf of or in opposition to	candidates for public			Yes	No
	·			-	46		X
				-			X
		·	dule E				X
		rganization?		-			X
		finare directors trustees and	leave amplayees) whe			- 640	1
	of compensation from the organization. If there is none, enter "None."	nicers, directors, dustees and	key employees) who	reach received in	ore ma	III J IIU	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee	(E	Expectation (
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 17 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 18 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 19 Did the organization make any transfers to an exempt non-charitable related organization? 49a 19 b If "Yes," was the related organization(s) a section 527 organization? 49b 10 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than officers of compensation from the organization. If there is none, enter "None." 10 (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation to employee benefit plans & deferred other				-			
	is none, enter "None." NONE						
···							
			1				
Total r	number of other independent contractors each receiving over \$100,000						
	Under pentities of peruny, I declare that have examined this fetum, including according to the correct, and complete peclaration of preparer (other than officer) is based on all info	ompanying schedules and statement formation of which preparer has any	nts, and to the best of my knowledge	knowledge and bel	ef, it is	true,	
				Date Date	₩		
	MICHAEL R. MAYHEW, SECRETARY-	TREASURER					
Prepa	arer's	- · · · ·		arer's Identifying Ni	mber (S	See inst	r)
USE U	Firm's name (or yours of self-employed),		Phon				
May		·			70		X No
inay li	no mo disense mis return ann me breharer sinoan anoae. See ingrandinis			F			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008
Open to Public Inspection

Name of the organization

Employer identification number

			OTARY FOUNDA						39	<u>-1588</u>	899	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ist comple	te this par	t) (see ins	tructions)				
The organ	nization is not	a private foundation	because it is (Please ch	heck only o	ne organi	zatıon)						
1 🖳	A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170)(b)(1)(A)(i) .				
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A) (III). (At	tach Sche	dule H)			
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ection 170)(b)(1)(A)(ii	ı). Enter th	e hospital	's nam	ıe,
	city, and stat	te										
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II)											
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳		trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	on that normally rec	eives. (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, and	d gross red	ceipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2) no more	e than 33 °	1/3% of its	support f	rom gross	ınvest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ıx) from bu	ısınesses	acquired b	y the orga	ınızatıon af	fter June 3	0, 197	' 5
		509(a)(2). (Complete	,									
10			perated exclusively to te									
11 📖			perated exclusively for the							-		or
	more publicly	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(a	2) See se e	ction 509 (a)(3). Ched	ck the box	that	
			organization and compl		-							
	a Type		_ ,,		e III - Fund	-	-			Type III - (
e 📖			it the organization is not									.n
			han one or more publicl						9(a)(1) or se	ection 509	(a)(2).	
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	ll, or Type	e III				
		rganization, check th										L
g			organization accepted a			-						
	• • •	-	irectly controls, either a	lone or tog	ether with	persons of	described	ın (ıi) and (ııi) below,		Yes	No
	_		upported organization?	_						11g(i)		
		· ·	n described in (i) above?		_	•				11g(ii)		
		•	person described in (i)	• •						11g(iii)	L	
h	Provide the t	ollowing information	about the organizations	s the organ	ization su	pports						
		<u> </u>	(iii) Type of	(iv) to the c		(v.) Dud vo		6.23.15	46-			
• •	of supported	(ii) EIN	organization	in col. (i) lis	organization sted in vour		u notity the tion in col.	l organizátio	on in col. l	(vii) Am		f
orga	anızatıon		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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Total						[
	Privacy Act ar	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	Form 990		Schedul	e A (Form	990 or 90	0-F7\	2002
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178	(Complete only if you checke	-			ns (vi)(A)(i)(u)	ia 170(D)(1)(A)(vij
Sec	ction A. Public Support	o the box on line t	, , , o. o oi r ait i)		 .		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(b) 2003	(6) 2000	(4) 2007	(e) 2000	(I) IOIAI
•	membership fees received (Do not						
	include any "unusual grants ")						<u> </u>
2	Tax revenues levied for the organ-					İ	
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11.						
	column (f)						
_	•						
	Public Support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(a) 2004	(1) 2003	(6) 2000	(u) 2007	(e) 2000	(i) iotai
-	Gross income from interest,				 		
٠	dividends, payments received on				•		
	securities loans, rents, royalties					1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			·			
-	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			1 1	
	Public support percentage for 2008 (•	column (f))		14	%
	Public support percentage from 2007	•				15	<u>%</u>
16a	33 1/3% support test - 2008. If the	-		•	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	. , , ,	J				
t	33 1/3% support test - 2007. If the				line 15 is 33 1/39	% or more, check ti	
4-	and stop here. The organization qua		• • •		- 10 10 105		
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			•	•	art IV how the orgai	nization
	meets the "facts and circumstances"	·			-	47. 41. 45	1004
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t				•		
40	organization meets the "facts-and-cir				- · · · -		
18	Private foundation. If the organization	лт ою посспеск <u>а</u>	DOX OF THE 13, 16	ы, 100, 17a, 07 17			
					Sch	edule A (Form 990	OF 990-EZ) 2008

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	20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check the	is box and see ins	structions	
						Sch	edule A (Form 990	or 990-EZ) 2008

FORM 990-EZ	SCRIPTION HOLARSHIPS SCELLANEOUS FAL TO FORM 990-EZ, LINE 16 RM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCE		STATEMENT					
DESCRIPTION							AMOUNT	
SCHOLARSHIPS MISCELLANEOUS							5,(000.
TOTAL TO FORM	990-EZ	, LINE 16					5,(010.
FORM 990-EZ	OTHER	CHANGES 1	N NET A	SSETS C	R FUND	BALANCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED LOS	ss on i	NVESTMENTS	3				-26,4	107.
TOTAL TO FORM	990-EZ	, LINE 20					-26,4	107.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	PATEN	MENT	
DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	Į.]	YES	[X]	NO
•	RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

4

PROVIDE ASSISTANCE TO YOUTH EXCHNAGE PROGRAM AND SUPPORT COMMUNITY PROJECTS.