

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 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

OMB No 1545-1150

Open to Public

	erna re	The organization may have to use a copy of this return to satisfy state reporting requ	<u> Jiremei</u>		Inspection		
Α	For t	he 2008 calendar year, or tax year beginning SEP 1 , 2008 and ending AU(<u>3 31</u>	<u>., 2(</u>	009		
В	Check applica	f Please C Name of organization	D Empl	oyer ider	ntification number		
Γ	Addr	ss use IRS					
Ť	Nam Chan	print or SERTOMA INTERNATIONAL	23	1-728	36888		
ř	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					
	— retu Terr	1 1000 1	·				
Ļ	atio	Instruc-	970-669-9025				
Ĺ	retu		F Grou	p Exemp	tion		
	Appli Pend	LOVELAND, CO 80538	<u>Numl</u>	ber 🛌			
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (s			Cash X Accrual		
_	Wehs				organization is not		
•					B (Form 990, 990-EZ or 990-PF)		
<u> </u>	Check						
			more ui	.ه۱۱ پدی،	ioo. A retuin is not		
-		ed, but if the organization chooses to file a return, be sure to file a complete return.			64 006		
<u> </u>		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	otiono f	► \$	64,986.		
L	Part I		CHOIS I	Ul Part I.)		
	1	Contributions, gifts, grants, and similar amounts received	\vdash	1 -	06 565		
	2	Program service revenue including government fees and contracts	\vdash	2	<u>26,565.</u>		
	3	Membership dues and assessments	<u> </u>	3	37,473.		
	4	Investment income	 -	4			
	5a	Gross amount from sale of assets other than inventory5a					
	Ь	Less: cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c			
en	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here					
Revenue	a	Gross revenue (not including \$ of contributions					
ě	ł	reported on line 1) 6a					
	Ь	Less: direct expenses other than fundraising expenses 6b					
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	L	6c			
	7a	Gross sales of inventory, less returns and allowances 7a		1			
8	Ь	Less: cost of goods sold 7b					
\Rightarrow	l c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
2	8	Other revenue (describe > BANK INTEREST INCOME) [8	948.		
SCANNED	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	64,986.		
Ö –	10	Grants and similar amounts paid (attach schedule)		10	8,515.		
_	11	Benefits paid to or for members		11			
NAC Ses	- 1	Salaries, other compensation, and employee benefits		12			
\sim 8	13	Professional fees and other payments to independent contractors	<u> </u>	13			
9 0 NV Expenses	14	Occupancy, rent, utilities, and maintenance	1	14			
	15	Printing, publications, postage, and shipping		15	546.		
2010	16	Other expenses (describe SEE STATEMENT		16	40,739.		
<u>=</u>	17	Total expenses Add lines 10 through 16		17	49,800.		
					15,186.		
ş	18	Excess or (delicit) for the year (Subtract line 17 from line 9)	F	18	12,100.		
Net Assets	19	Net assets or fund balances at hegulating of year (from line 27, column (A))		40	61 01E		
¥		(must agree with end-of-year figure reported on prior year's return)		19	61,915.		
Š	20	Other dranges in Telassets or 2010 Salances (attach explanation)		20	77 101		
	21	Net assets or fund balances at end of year combine lines 18 through 20		21	77,101.		
	Part I			U-EZ.	(D) Ford of com-		
_					(B) End of year		
			<u>140.</u>		63,478.		
		nd and buildings	777	23	10.00		
			775.		13,623.		
			<u>915.</u>		77,101.		
		lal liabilities (describe >)	<u>0.</u>		0.		
	7 Ne		<u>915.</u>	27	77,101.		
12	2171 -17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form 990-EZ (2008)		

Form 990-EZ (2008) SERTOMA INTERNATIONAL			<u> 23-</u>	<u>72868</u>	88 Page 2
Part III Statement of Program Service Accomplishment	nts (See the instructions for	Part III.)	-	Ex	penses
What is the organization's primary exempt purpose? SEE STATEMENT	4				for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In		escribe the services			ganizations and) trusts; optional
provided, the number of persons benefited, or other relevant information for each pr				for others.	
28 THE ORGANIZATION SOLD BEER AT LOVEL		-B-O. TH	E		-
NET INCOME FROM THIS ACTIVITY WAS U					
VARIOUS ORGANIZED CHARITIES.	<u> </u>				
(Grants \$) If this amount includes foreign of	grants chack here			28a	
29 THE ORGANIZATION SOLD BEER AT THE A		D CORN		204	
 -				1	
USED AS DONATIONS TO VARIOUS ORGANI		·	_	_	
(Grants \$) If this amount includes foreign of				29a	
30 THE ORGANIZATION SOLD BEER AT THE P			<u>N</u> _		
FORT COLLINS. THE NET INCOME FROM		WAS USED	<u> </u>		
AS DONATIONS TO VARIOUS ORGANIZED C	HARITIES.		_		
(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	<u> </u>	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign of	grants, check here	>		31a	
32 Total program service expenses (add lines 28a through 31a)			>	32	0.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	
			1	ntributions	
	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and other allowances
	position	-0-)	1	eferred pensation	other allowances
DAMPTON GUEDI CON 2006 MTDAMONTE	DDECIDENT		100111	Donoation	
PATRICK SHERLOCK, 3896 MIRAMONTE	PRESIDENT	_		0	0
AVE, LOVELAND, CO 80538	5.00	0.		0.	0.
DARREN GUNN	PRESIDENT ELE			•	
2349 W 46TH ST, LOVELAND, CO 80538	5.00	0.		0.	0.
TOMMY O'GORMAN, 4201 S COUNTY ROAD	VICE PRESIDEN	l .			
13, LOVELAND, CO 80537	5.00	0.		0.	0.
RUSS SPRAGUE, 562 BLUE AZURITE AVE,	VICE PRESIDEN				
LOVELAND, CO 80537	5.00	0.		0.	0.
CHRISTIAN BORDEWICK, 1206 CLIFFROSE	VICE PRESIDEN	${f T}$			
COURT, FORT COLLINS, CO 80525	5.00	0.		0.	0.
GEORGE LEE	SERGEANT AT A	RMS			
1956 TINCUP DR, LOVELAND, CO 80538	5.00	0.		0.	0.
LANCE SAMPLE, 375 E HORSETOOTH RD,	TREASURER				
STE 4-200, FORT COLLINS, CO 80525	5.00	0.		0.	0.
DIE 1 HOUT TONE GOZIETNOT GO GOGG	3,00				
					
	1				
	-				-
			-		
	_				
	<u> </u>		 		
	-				
			<u> </u>		
					ĺ
			<u> </u>		
	. =				
		<u> </u>			
			[
	1		1		1

Form **990-EZ** (2008)

832172 12-17-08

Ра	TY Other Information (Note the statement requirements in the instructions for Part VI)		-	
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		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		Х
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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	1		
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b_	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
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:	j		
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 ▶ , section 4912 ▶ ; section 4955 ▶ O .			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	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			
	sections 4912, 4955, and 4958			
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	L	X
	List the states with which a copy of this return is filed. ► CO			
	The books are in care of ▶ LANCE SAMPLE Telephone no. ▶ 970 - 66			
	Located at ► 6813 BUCKHORN COURT, LOVELAND, CO ZIP+4 ► 9	053	8	
	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	No
	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	<u> </u>
	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	·	
			Vac	Nia
	D. III		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			•
	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	AF	1	- v
	completed instead of Form 990-EZ	45 Form 0	00 67	(2008)
		COLLII 9	au-EZ	(2000)

Form 990-EZ (2008) SERTOMA INTERNATIONAL 23-7286888

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the

T dit v	tables for lines 50 and 51	non oo no,o, o o ga meetono n	adot allower queens			
46 Did th	ne organization engage in direct or indirect political campaign activi	ties on behalf of or in opposition t	o candidates for publ	ic ,	Y	es No
office	? If "Yes," complete Schedule C, Part I				46	X
47 Did th	he organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II			47	X
48 Is the	e organization operating a school as described in section 170(b)(1)((A)(II)? If "Yes," complete Sch	edule E		48	X_
49a Did th	ne organization make any transfers to an exempt non-charitable rela	ated organization?		Į	49a	X
b If "Ye	s," was the related organization(s) a section 527 organization?			Į	49b	
50 Comp	plete this table for the five highest compensated employees (other t	han officers, directors, trustees ai	nd key employees) wh	io each received m	ore than \$	3100,000
of co	ompensation from the organization. If there is none, enter "None."					
				(D) Contribution	s	
	(a) Name and address of each employee hald more	(b) Title and average hour	rs (c) Compensation			xpense unt and
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred		lowances
	NONE	position		compensation		
					 	
						
						
	per of other employees paid over \$100,000				-	
	plete this table for the five highest compensated independent contra ne, enter "None." NONE					
	(a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of s	ervice (i	c) Comper	isation
						
		·	_			
	7					
		····				
Total numb	per of other independent contractors each receiving over \$100,000 Under penalties of perjuty, I declare that I have examined this return, including	ng accompanying schedules and stater	nents, and to the best of	my knowledge and be	lief, it is true	
Sign	correct and complete Declaration of preparer (other than officer) is based o	n all information of which preparer has a	any knowledge	1 /2/7/10	2	,
Here	Signature of officer Stralock, Sc.		-	Date		
	Type of print name and tive					
Paid Preparer's	Preparer's signature		heck if self- mployed	eparer's Identifying N	umber (See	instr)
Use Only	Firm's name (or yours		EIN	>		
	if self-employed), address, and ZIP + 4		Pho no.	one ►		
May the ID	S discuss this return with the preparer shown above? See instruction	ons	110.	▶ [X Yes	□ No
muy tile iA	C CHOCOCO WIND LOCKITH WITH THE PROPERTY SHOWIT SHOWE. OEE HISH HOLD					EZ (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Schedule A (Form 990 or 990-EZ) 2008

ZUU8
Open to Public
Inspection

Employer identification number Name of the organization 23-7286888 SERTOMA INTERNATIONAL Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d ____ Type III - Other c ____ Type III - Functionally integrated _ Type I ___ Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (II) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col organization in col (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	Support Schedule for	=)(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(VI)
	(Complete only if you checke	ed the box on line t	o, 7, or 8 of Part I	<u> </u>			
	ction A. Public Support			-	-	_	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ	<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			 	1	 	
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)						
6	Public Support. Subtract line 5 from line 4				 	·	
	ction B. Total Support			1	,	•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4		,:-,	,-,	1	, , , , , , , , , , , , , , , , , , ,	.,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				ļ		
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		- -				L
	Gross receipts from related activities		•			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	. \square
50.	organization, check this box and stor		roontogo		···		
	ction C. Computation of Publ			(O)		T44 [
	Public support percentage for 2008 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
15	., .			l	14 00 1/00/	15	<u>%</u>
iba	33 1/3% support test - 2008. If the c stop here. The organization qualifies	~			14 18 33 1/3% 01	more, check this bo	x and
h	33 1/3% support test - 2007. If the		_		d line 15 is 33 1/39	% or more check th	nie hov
	and stop here. The organization qual	_				o of more, check to	■
172	10% -facts-and-circumstances tes	, ,	•		e 13 16a or 16b	and line 14 is 10%	or more
170	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	·	uie oigai	•
h	10% -facts-and-circumstances tes	-	•		•	17a, and line 15 is	10% or
~	more, and if the organization meets the	-					
	organization meets the "facts-and circ				•		>
18	Private foundation. If the organization		-	•	• • • • •		s 🕨
	Schedule A (Form 990 or 990-EZ) 2008						

Schedule A (Form 990 or 990-EZ) 2008 SERTOMA INTERNATIONAL 23-7286888 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) 23-7286888 Page 3 Section A. Public Support

	out our outpost						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")					35,001.	35,001.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	 					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
9	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 - 5					35,001.	35,001.
-		·	·	<u> </u>		33,001.	33,001.
78	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					_	
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						35,001.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	-				35,001.	35,001.
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					948.	948.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					948.	948.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						35,949.
	First five years. If the Form 990 is for	the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiza	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2008 (I			column (f))		15	%
	Public support percentage from 2007		•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18						18	%
	a 33 1/3% support tests - 2008. If the				e 15 is more than		
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2007. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶₩
20	Private foundation If the organization	in did not check a	hox on line 14 19	a or 19h check t	his hox and see ii	nstructions	

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
AWARDS MEALS AND ENTERTAINMENT GIFTS GIVEN INSURANCE LICENSES AND PERMITS MISCELLANEOUS SUPPLIES TOTAL TO FORM 990-EZ, LINE 16			2,314. 21,477. 100. 5,549. 300. 896. 10,103.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE PROJECTOR		3,775.	13,052. 571.
TOTAL TO FORM 990-EZ, LINE 24		3,775.	13,623.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			3	
A)	DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO	
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO	

990-EZ PG 2

STATEMENT

SERTOMA EXISTS FOR THE HIGH AND NOBLE PURPOSE OF SERVICE TO MANKIND BY COMMUNICATION OF THOUGHTS, IDEAS AND CONCEPTS TO ACCELERATE HUMAN PROGRESS IN HEALTH, EDUCATION, FREEDOM AND DEMOCRACY.