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Department of the Treasury Internal Revenue Service

(HTA)

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)

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

OMB No 1545-0047

Open to Public Inspection

G16-19

		2008 calendar year, or tax year beginning 10/1/2008 , and er		30/2009	 				
B Check if applicable Please use IRS C Name of organization ST. BERNARD KIWANIS FOUNDATION, INC D Employer identification number									
=	ddress c		72-137337						
Ħ	lame cha	type type	om/suite E Telephon						
=	nitial retu	0.000	504 279-8	544					
닏╹	ermination	Instruc- City or town, state or country, and ZIP + 4							
\bigsqcup^{ρ}	mended	return tions ARABI LA 70032	G Gross rec	ceipts \$	54,262				
^	pplicatio	n pending F Name and address of principal officer	H(a) Is this a group ref	turn for affiliates?	Yes X No				
			H(b) Are all affiliates in	ncluded?	Yes No				
I T	ax-exer	mpt status X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach	a list (see instruction	ons)				
		: ▶ N/A	H(c) Group exemption	number ►					
	⟨ Type of organization X Corporation Trust Association Other ▶ L Year of formation M State of legal domicile M State of legal domicile N State of leg								
	art I	Summary	- Criomaton	iii otato di rogi					
	1								
	•	-							
Ð		••••••							
anc	ļ								
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than 25%	of its assets	Lev.				
ś	3	Number of voting members of the governing body (Part VI, line 1a)		3	0				
•ජ ග	4	Number of independent voting members of the governing body (Part VI, line 1b).		4	0				
iţi	5	Total number of employees (Part V, line 2a)		5					
ξį	6	Total number of volunteers (estimate if necessary)		6	<u>_</u>				
⋖	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)			0				
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	, , 0				
-	 		Prior Year	Cı	ırrent Year				
	8	Contributions and grants (Part VIII, line 1h)	(61,465	41,630				
Revenue	9	Program service revenue (Part VIII, line 2g)		240	460				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,772	12,172				
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0				
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,477	54,262				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1:	52,334	25,852				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0				
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0				
×be	1	Total fundraising expenses (Part IX, column (D), line 25)		1.057	4.050				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) EIVED		1,857	1,652				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) OR Revenue less expenses. Subtract line 18 from line 12		54,191 78,714	27,504 26,758				
	19		Beginning of Ye		nd of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		92,828	416,786				
Asse	21	Total liabilities (Part X, line 26) OGDEN, UT		9,300	- 6,500				
et C	22	Net assets or fund balances Subtract line 21 from line 20	3	83,528	410,286.				
	rt II	Signature Block			,				
	3	Under penalties of pagary, I declare that I have examined this return, including accompanying schedul	les and statements, and	I to the best of my kr	owledge .				
8.4		and belief, it is true, correct, and competitie. Declaration of preparer (other than officer) is based on all i	nformation of which pre	parer has any knowl	edge				
€		1. 10 1/2	1	12/3/04	a '`				
Sic	ធា			 	<u> </u>				
Sig He	rê	Signature of officer	Date						
			SURER						
Paí	J 	Type or print name and title Preparer's Date Date Ci	heck if	Preparer's identi	fving number				
D-4	1	Troparation 2	elf-	(see instructions)	-, 5.2				
Pro	parer's	l Per	nployed						
	Only	Firm's name (or yours	EIN	>					
-55	W.	if self-employed), address, and ZIP + 4	Phone no	<u> </u>	, <u>, , r, , , , , , , , , , , , , , , , </u>				
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions).		Γ	Yes / No				
_		y Act and Paperwork Reduction Act Notice, see the separate instructions.	-		Form 990 (2008)				
. ••		grande de de la la proposició de la proposició de la company de la company de la proposició de la company de l		•					

_ L &	Statement of Frogram Service Accomplishments (See Instructions)	
1`	Briefly describe the organization's mission. THE PURPOSE OF THIS FOUNDATION IS FOR CHARITABLE, PAARIOTIC, EDUCATIONAL AND OTHER PUBLIC SPIRITED PURPOSES.	
		•••••••
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a allocations to others, the total expenses, and revenue, if any, for each program service reported	 nd
4a		0)
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
		 -
		, t v
		
		1193
		<u></u>
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
	Other program services. (Describe in Schedule O.)	
~u	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► \$ 0 (Must equal Part IX, Line 25, column (B).)	

Par	Checklist of Required Schedules	5, 0	' -	age o
r ai	4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1.03	110
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	.6		, X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
	complete Schedule D, Part III	8.		. X .,
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			-7:
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			_
	Parts VI, VIII, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return			,
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			•
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>.X</u> .
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>.X</u> :
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	<u> </u>	-X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	\longrightarrow	_X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	100		~
24-	Schedule J	23_	\vdash	X
4 43	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			4
	24b–24d and complete Schedule K. If "No," go to question 25	24a		. <u>4</u> .
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		. X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
U	to defease any tax-exempt bonds?	24c		X.
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		^.
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	-70		- 2%
~ Ja	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ_
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	234	 	<u>}</u>
IJ	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

u cu	Checkinst of Required Schedules [Continued]			
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		×
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X _2
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		X)
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		X /
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	s.,	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Χ.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	х Х

Form 990 (2008):

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable			١.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ł
	gaming (gambling) winnings to prize winners?	1c	Χ	·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			···
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			l
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	_		
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	<u>4a</u>		Χ'n
b	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.			
F				x -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	30		
С	Regarding Prohibited Tax Shelter Transaction?	5c.		-
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- va		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			l
-	\$75?	7a	^ ^	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	no de		
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			У <u>.</u>
	required?	<u>−7h</u>		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		-	X
_	organization, have excess business holdings at any time during the year?	8		<u>·X.</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-	-	
а	Did the organization make any taxable distributions under section 4966?	9a		<u>.X.</u> .
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders			
b	against amounts due or received from them)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	140		
J	11 100, Cites the amount of tax exempt interest received of decided during the year . 120			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No., Yes For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body Enter the number of voting members that are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? . 8b b 9a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 11 Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No." go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts?. 12b . Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a **b** Other officers or key employees of the organization? . . . Describe the process in Schedule O. (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Lowsing 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Y Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ► ROBERT SHOWALTER 100 INTERMODAL DR, CHALMETTE, LA 70043

Form	990	(2008))
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ST. BERNARD KIWANIS FOUNDATION, INC.

72-1373378

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

X Check this box if the organization did not compe		er, dır	ect	or, t	trus	tee, o	r k	ey employee		,
(A)	(B)	(C)						(D)	(E)	11 (F) 1/27
Name and Title	Average hours per week	Individual trustee o or director			a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
F RALPH DAUTRERIVE PRESIDENT	0.							0	0	0
DANIEL BOURGEOIS VICE PRESIDENT	0.							0	0	. 0
ROBERT SHOWALTER TREASURER	0.							_0	0	0
	0.							0	0	0
	0.							0	0	= 0
	0.							0	0	
	0.							0	0	0
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	0							0	0	0

age 8

Part VII Section A. Officers, Directors, Tru	ustees, Key En	ploy	/ees	, and	l Hiç	hes	t Co	mpensated Em	ployees (contin	ued)
(A)	(B)	3) (C) (D) (E)				(E)	(F)			
Name and title	Average	,		(chec	k all th	nat ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						1 "				
	0.	-						0	0	0
	0.							0	0	<u> </u>
	0.							0	0	10
	0.							0	0	0
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	0.		ļ. <u></u>				_	0	0	<u>10</u>
	0.							0	0	<u>~^</u>
	0.						-	0	0	0
	<u> </u>				<u> </u>		Ļ	0		0
1b Total2 Total number of individuals (including those	e in 1a) who rece	eived	l mor	e tha	an \$	100.0	. <u>►</u> 000 i	n reportable cor	<u> </u>	L
organization ► 0										
O D I II		1.					حاسة.			Yes No
3 Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc										
4 For any individual listed on line 1a, is the su										
the organization and related organizations (-								I .	\$ X
5 Did any person listed on line 1a receive or a							ed o	rganization for		. 4
services rendered to the organization? If "Y	'es," complete S	Sched	lule .	J for	sucl	h per	son			5 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inde	pend	lent (contr	acto	rs th	at re	ceived more tha	ın \$100.000 of	17.
compensation from the organization.										<u>:</u>
(A) Name and business a	address							(B) Description of ser	vices ((C) Compensation
							ļ			0
<u></u>									 	0.0
			_				\vdash			0
	·									0
2 Total number of independent contractors (in compensation from the organization	ncluding those in		who	recei	ved	more	tha	n \$100,000 in		
compensation from the organization		<u>, </u>	·					<u> </u>	<u></u>	Form 990 (2008)

Page 9

Part	VIII	Statement of Revenue							
,	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns		1a	0		10101140		0.12, 0.10, 0.10, 4
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b	0		ļ		,
ا ۾ ر ق	C	Fundraising events	<u> </u>	1c	0				وأوشد
ifts		Related organizations	—	1d	0				
ig i	d				0				,;
sir	e	Government grants (contributions)		1e	<u> </u>				
iž iz	T	All other contributions, gifts, grants, a							'12
- 문 등		similar amounts not included above		1f	41,630				
달	g	Noncash contributions included in lin	nes 1a-1	lf: \$	0				
O a	h_	Total. Add lines 1a-1f		•	. •	41,630			
e e					Business Code	Sandan cottobra con			
Program Service Revenue	2a	MEMBERSHIP DUES				460			
å	b					0			
5	С					0			
Ę	d					0			
Ĕ	е					0			1.5
g	f	All other program service revenue.				0			
. g	a				>	460	A	* **	
	3	Investment income (including divider				,,,,		 · 	r
	3				_	40 470			
					>	12,172			
	4	Income from investment of tax-exem	ipt bond	procee	as.	0		, ·	د د د د د د د د د د د د د د د د د د د
	5	Royalties			<u></u>	0	· · · · · ·		
			(ı) F	keal	(II) Personal		* **		· (*)
	6a	Gross Rents				ž.,		% ·	21 2 2 2 2
	b	Less rental expenses .							والم
	С	Rental income or (loss) .		0] 0			•	, -
	d	Net rental income or (loss)			>	0			
	7a	Gross amount from sales of	(ı) Sec	urities	(II) Other				. , , 4
		assets other than inventory		0	0	, ,	7 7 × 1		,
	b	Less: cost or other basis					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^ ^>	
		and sales expenses		0	0	'			* ****
	С	Gain or (loss)		0	0			. £	
	d	Net gain or (loss)			•	o			, –
	8a	Gross income from fundraising				` ^	` "	J 1866 14	
jue		events (not including \$	0			"."	· ,	; ') % ·	
ě		of contributions reported on line 1c).						*	
é		See Part IV, line 18		а	0	·	ľ		****
Other Revenue	b	Less. direct expenses		<u> </u>	0				
Ě		Net income or (loss) from fundraising				0	and some on succession and some or so, in game, so		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
٥	•	Gross income from gaming activities	_		· · · · · ·		 		
	"	See Part IV, line 19 .		. а	٥ ا			·	·
	b	Less direct expenses			0				, **'
,		Net income or (loss) from gaming ac				0	ļ		
		Gross sales of inventory, less	JUVIUES .	• •		 	<u>. </u>		
	IVa	returns and allowances		_	,				•
		Less cost of goods sold .		ь					-
	<u></u>	Net income or (loss) from sales of in	iventory	·	· · · · · · · · · · · · · · · · · · ·	0			
		Miscellaneous Revenue			Business Code				-
	11a					0			
	Ь					0			
	С					0			
	d					0			
	e	Total. Add lines 11a-11d				0			
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 60	i, 7d, 8c	,				
		9c, 10c, and 11e				54,262	l o	o	0

. A.A.....

Statement of Functional Expenses Part IX

section 50 f(c)(5) and 50 f(c)(4) organizations must complete all columns.	
All other erganizations must complete solumn (A) but are not required to complete columns (B) (C)	and (D)

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) (B) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . 25,852 25,852 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. . . Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees . . . 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 ol 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . 0 0 9 Other employee benefits 10 Payroll taxes 0 11 Fees for services (non-employees): 0 Management b Legal . . . Ol 0 Accounting . . С 0 Lobbying d 0 183 8 28 1 Professional fundraising services. See Part IV, line 17 e 0 Investment management fees . f 0 Other . . . g 0 12 Advertising and promotion . . Office expenses 0 13 0 14 Information technology . . . 0 15 Royalties 0 16 Occupancy . . . 0 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 0 20 0 Interest 0 0 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 0 23 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) INVESTMENT MANAGEMENT FEE 1,652 1,652 h 0 0 0 0 All other expenses 0 Total functional expenses. Add lines 1 through 24f 27,504 25.852 25 Joint Costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Page 11

Cash-non-interest-bearing	_ P6	art X	Balance Sheet						*****
1 Cash-non-interest-bearing 37,286 1 30,504		•						• •	un.
2 Savings and temporary cash investments. 3 Piedges and grants receivable, net. 5 Receivables from current and former officers, directors, trustees, key empleyees, or other related parties Complete Part II of Schedule L 6 Rocevables from chieve disqualfiled persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net. 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a			Cook and interest because			4			0.504
3 Pledges and grants receivable, net			<u>-</u>	· · · · · · · · ·	37,200			3	0,504
Accounts receivable, net 0 4 0 0 5 6 6 6 6 6 6 6 6 6			The state of the s		0.000				
Seceivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		3		· · ·			ļ		6,500
employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Noties and loans receivable, net 10 1 1 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10 2 Land, buildings, and equipment, cost basis 10 1 1 Investments—publicly traded securities. 10 1 1 Investments—bublicly traded securities. 11 1 Investments—bublicly traded securities. 12 1 Investments—bublicly traded securities. 13 Investments—bublicly traded securities. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4		<u> </u>	0	4			0
For the content of		5	Receivables from current and former officers,	directors, trustees, key					
4958(f)(1) and persons described in section 4958(c)(3)(B). Complete Part I of Schedule L			employees, or other related parties. Complete	Part II of Schedule L	0	5			_ ~ 0
4958(f)(1) and persons described in section 4958(c)(3)(B). Complete Part I of Schedule L		6	Receivables from other disqualified persons (as defined under section					
Part II of Schedule L.									
To Notes and loans recewable, net 0 7 0			•		0	6	1		. 0
10a	ဖွ	7							
10a	set	-	•	· · · · · · · · · · · · · · · · · · ·			<u></u>		
10a	Asi			·			-		
b Less: accumulated depreciation. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 13 Investments—publicly traded securities 14 O 12 O 0 14 Intangible assets 15 Other assets. See Part IV, line 11 O 15 O 0 16 Total assets. See Part IV, line 11 O 15 O 0 17 Accounts payable and accrued expenses 17 Intangible assets 18 Grants payable 19 Deferred revenue. 9,300 19 6,500 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, fustees, key employees, highest complessed employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 9,300 26 6,500 26 Total liabilities. Add lines 17 through 25 9,300 26 6,500 27 Unrestricted net assets 28 Temporanty restricted net assets 29 Permanently restricted net assets 20 Total aibilities. Add lines 17 through 25 9,300 26 6,500 20 Total liabilities. Add lines 17 through 25 9,300 26 6,500 21 Direstricted net assets 22 Retained earnings, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total retained or fund balances 392,828 34 410,286 4 Total liabilities. Add on 25 does the organization in equipment of undergo an audit or audits as set forth in the Single Audit A	`	_		, <u>, , , , , , , , , , , , , , , , , , </u>		9			
Part VI of Schedule D				10a 0					-
1		b	· · · · · · · · · · · · · · · · · · ·			_			٠,
13 Investments-other securities See Part IV, line 11 0 12 0 13 10 14 11 15 11 15 11 16 17 14 16 17 16 17 16 17 16 17 16 17 17			Part VI of Schedule D	10b 0					
13		11	Investments-publicly traded securities		346,262	11	,	37	9:782
14 Intangible assets		12	Investments-other securities See Part IV, line	e 11	0	12		į.¢*	<u> </u>
14 Intangible assets		13	Investments-program-related See Part IV, lir	ne 11	0	13	1		<u>-</u> Q
15 Other assets. See Part IV, line 11 16 Total assets. Add inset 3 through 15 (must equal line 34) 392,828 16		14		_		14			- 75
16					0				0
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Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and Reporting 1 Accounting method used to prepare the Form 990: Were the organization's financial statements compiled or reviewed by an independent accountant? 20 Vere the organization's financial statements audited by an independent accountant? 21 Cit "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 32 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	an	27	Unrestricted net assets.			27			
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Total liabilities and net assets/fund balances 392,828 34 416,786 Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 34 16,786 Yes No 2a X 6 2b 18,66 2c 2c 3a X 6 3a X 7			• •			-			
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c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X								 '	
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the Single Audit Act and OMB Circular A-133?		au	idit, review, or compilation of its financial staten	nents and selection of an inde	pendent accountant?.		. <u>2c</u>	J	<u> </u>
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	ı		•	d audit or audits?	<u>.</u> .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number ST. BERNARD KIWANIS FOUNDATION, INC. 72-1373378 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) 1 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 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). 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 q 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 Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 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 **b** Type II c | Type III-Functionally integrated Type III-Other 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 g following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? . . . 11g(i) 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? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your organization in col support the organization in organization above or IRC section. governing document? col (i) of your (i) organized in the support? (see instructions)) Yes No Yes No Yes No ø. 0 0 0 Total

Par					1)(A)(iv) and	170(b)(1)(A)	(vi)
٠.	(Complete only if you checked t	the box on line	e 5, 7, or 8 of	Part I.)			
	ion A. Public Support	····					
Cale	ndar 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.")	0	0	0			0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			<u>)</u>
4 5	Total Add lines 1-3	0	0	0	0	0	
	ion B. Total Support	<u> </u>				<u>l</u>	
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,					0	<u> </u>
	payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0. 0'-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11	Total support. Add lines 7 through 10			,			0
12 13	Gross receipts from related activities, etc (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganızation's fil			th tax year as a	12 a section 501(c	(3)
01			• •	· · · · ·		• •	<u></u>
14	Public support percentage for 2008 (line 6, c	column (f) divid	ed by line 11,	column (f))		14	0 00%
15 16a	Public support percentage from 2007 Sched 33 1/3% support test–2008. If the organiza			line 13, and lin] ne 14 is 33 1/39	15 % or more, che	0.00% ck this box
b	and-stop here. The organization qualifies as 33 1/3% support test—2007. If the organiza						. check this
	box and stop here. The organization qualifie	es as a publicly	supported org	janization			. •
17a b	10%-facts-and-circumstances-test–2008. or more, and if the organization meets the "facts-and-circum 10%-facts-and-circumstances test–2007.	facts-and-circuinstances" test If the organiza	mstances" test The organizati tion did not che	, check this bo ion qualifies as eck a box on lir	x and stop her a publicly sup ne 13, 16a, 16b	e. Explain in P ported organiza o, or 17a, and li	art IV how ation ► ne 15 is 10%
	or more, and if the organization meets the "f the organization meets the "facts-and-circum				-	•	
18	Private foundation. If the organization did not ch	neck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	e instructions .	>
					Cab	adula A (Farm 00)	n or 990-E7) 2008

Par	Support Schedule for Organiz (Complete only if you checked the			ion 509(a)(2)			,
Sect	tion A. Public Support	ie box on line	9 OI Pail I)				-p-
	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total "-
1	Gifts, grants, contributions, and						1 -
	membership fees received. (Do not					•	. 3.
	include any "unusual grants.")	0	0	0			1_0
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	0	0	0			0
3	Gross receipts from activities that are not an						,
4	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf	ol	اه	اه			О О
5	The value of services or facilities		<u>~</u>				
·	furnished by a governmental unit to the		i				
	organization without charge	ol	ol	ol			o
6	Total. Add lines 1-5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	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		}				. ' : i : i
	the year or \$5,000	0	0	0	0	0	0
С 8	Add lines 7a and 7b Public support (Subtract line 7c from		U			U	
0	line 6)						o o
Sec	tion B. Total Support		,Ł	,	<u> </u>	<u> </u>	<u></u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	0	
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						'
	sources						0
b	Unrelated business taxable income (less				 		,
	section 511 taxes) from businesses						ءِ ا
	acquired after June 30, 1975				0	0	0
C	Add lines 10a and 10b	0	0	0	<u> </u>		
11	Net income from unrelated business activities not included in line 10b.						=;
	whether or not the business is regularly						-
	carried on						o
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0	0			
13	Total support. (Add lines 9, 10c, 11,						,
	and 12.)						<u>c</u>
14	First five years. If the Form 990 is for the org	ganızation's firs	st, second, third	d, fourth, or fiftl	n tax year as a	section 501(c)(3)
	organization, check this box and stop here.			<u> </u>		•	<u> </u>
Sec	tion C. Computation of Public Support					r 1	
15	Public support percentage for 2008 (line 8, co					15	0.00%
16	Public support percentage from 2007 Schedu			· · · · · · · · · · · · · · · · · · ·		16	0.00%
	tion D. Computation of Investment Inco	ome Percent	age	40 1 (0)		0.00%
17	Investment income percentage for 2008 (line					17	0.00%
18	investment income percentage from 2007 Sc	nequie A, Pan	IV-A, line 2/h	ine 14 and in	 20 15 is mara t		
19a	33 1/3% support tests-2008. If the organiza not more than 33 1/3%, check this box and st	ton born The	eck the box on	mile 14, and III	ie io is more t	ad organization	
L							▶
b	line 18 is not more than 33 1/3%, check this box a						▶ 🗀
20	Private foundation. If the organization did no						
20	Private foundation. If the organization did no	or check a pox	UIT III 14, 192	a, or 130, cried	ת נוווס טטא מווט	SCE MISH GCHOL	·

Schedule A (For	n 990 or 990-EZ) 2008	ST. BERNARD KIWANIS FOUNDATIO	ON, INC	72-1373378	Page 4
Part IV		nformation. Complete this part to p	rovide the explanation required	by Part II, line 10;	
•		or 17b; or Part III, line 12. Provide ar			13.9°
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

 Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

2008
Open to Public Inspection

Name	s of the organization	Employer identification number
ST	BERNARD KIWANIS FOUNDATION, INC.	72-1373378
	DETAIL WAS VIEW HOT CONDITION, INC.	72 1010010
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
Federated Campaigns	1	
Membership dues	2	-
Fundraising events	3	
Related organizations	4	
Government grants (contributions)	5	
6 All other contributions, gifts, grants, and similar amounts not included above: CONTRIBUTIONS TO DONOR ADVISED FUNDS	41.630	
Other contributions total	<u>41,630</u> 6	0
'Total	41.630 7	0