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Department of the Treasury Internal Revenue Service

Form **990-EZ**

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

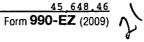
OMB No 1545-1150

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

Open to Public Inspection

	A F	or th	e 2009 calendar year, or tax year beginning	and ending			·
	B 0	heck if	Please C Name of organization		D Em	ployer id	entification number
		Addre	use IRS label or				
] Name Chang			2	0-0756	025
		Initial		Room/su	ute E Tel	ephone n	umber
		Term	in- Specific DOCT OFFICE BOY 1024		4	35~586	-4202
		Amer	City or town, state or country, and ZIP + 4			oup Exem	
		Applic	cedar city ut 84721			mber ►	•
			tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	completed G Ac	counting n		x Cash Accrual
			Schedule A (Form 990 or 990-EZ).	1	her (specify	/) ▶	
	IV	Vebsit	e: Dedarcityrotaryclub.com	H Ch	eck 🕨 [if the	e organization is not
			empt status (check only one) $ \times$ 501(c) (3) \wedge (insert no.) \wedge 4947(a)(1)	or 527 requir	ed to attacl	h Schedu	le B (Form 990, 990-EZ, or <u>990-PF)</u>
		heck		ss receipts are normally	y not more	than \$25	,000. A Form 990-EZ or
			Form 990 return is not required, but if the organization chooses to file a return, b				
	L A	\dd lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990			▶ \$	147.847.80
		ırt I	Revenue, Expenses, and Changes in Net Assets or Fund E			for Part	1.)
		1	Contributions, gifts, grants, and similar amounts received			1	147,460,66
		2	Program service revenue including government fees and contracts			2	
		3	Membership dues and assessments			3	
		4	Investment income			4	387,14
		5a		ia			
		Ь	•	5b	• •	1	
		١	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5c	
	a	آء ا	Special events and activities (complete applicable parts of Schedule G). If any amount is fi	rom gaming check he	re 🕨		·
	Revenue	6		om gammig, oncok no			
	eve	a		Sa			
	œ	١.		Sb		1	
		0		טט		1 , 1	
		_C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	.)		6c	
		7a		7a		4	
		b		7b		┨ .	
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
		8	Other revenue (describe		···········)	8	<u> </u>
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	147,847,80
		10	Grants and similar amounts paid (attach schedule)			10	131,184,24
S.		11	Benefits paid to or for members			11	<u> </u>
3 2010	es	12	Salaries, other compensation, and employee benefits			12	
ବ୍ୟ ବ୍ୟ	enses	13	Professional fees and other payments to independent contractors			13	
64	Expe	14	Occupancy, rent, utilities, and maintenance			14	
3	ш	15	Printing, publications, postage, and shipping			15	
		16	Other expenses (describe See	Statement 1)	16	26,228,15
		17	Total expenses Add lines 10 through 16			17	157,412,39
¥		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-9,564,59
SCANNED	Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
K	Ass		(must agree with end-of-year figure reported on prior year's return)			19	55,213,05
	Net /	20	Other changes in net assets or fund balances (attach explanation)			20	
90	Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	45 648 46
	Pa	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more,	, file Form 990 instead	of Form 99	90-EZ.	
			(See the instructions for Part II.)	(A) Beginni	ng of year		(B) End of year
	22	Cas	h, savings, and investments		55,213,	05 22	45,648,46
	23		d and buildings			23	
	24		er assets (describe)		24	
	25		al assets	_ ′	55,213.		45,648.46
	26		at liabilities (describe)		00 26	0.00
	27		assets or fund halances (line 27 of column (R) must agree with line 21)	_ ′	55 213	1 1	45 648 46

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2009) CEDAR CITY ROTARY FOUNDATION INC.			20-075	6025	Page 2
Part III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? See Statement 3				Required for	section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur	manna In a clear and cone	ico mannor docor	L		organizations and
the services provided, the number of persons benefited, and other relevan				section 4947 or others)	(a)(1) trusts, optional
				T Ciriors)	
28 FUNDING OF CEDAR CITY MUNICIPALITY					
VETRANS FROM KOREAN, VIET NAM, IRAQ	, AND WORLD W	AR I AND	<u> </u>		
II.					
(Grants \$ 85,599,60) If this amount includes foreign of	grants, check here	> _	2	8a	88,237,08
29 FUND PROJECT ROTARY GOLF TOURNAMENT	FUND RAISING	BENEFIT	- 1		
			_		
		 	_		
10 - 1 - 0		>	— I.	اما	0 455 30
(Grants \$ 20,965,00) If this amount includes foreign of		<u>.</u>	<u> -</u>	9a	9,156,38
30 JULY CITY JAMBOREE AND CAR SHOW FUN	ID RAISING BEN	EFIT	— I		
(Grants \$ 22,718,75) If this amount includes foreign of	grants, check here	>		0a	8,601,04
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign of	arants check here	.		1a	
	grants, check here			32	105 004 50
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mployoos				105 994.50
Part IV List of Officers, Directors, Trustees, and Key E	Thiployees. List each one ev	ven if not compensated (or Part IV)
	(b) Title and average hours	(c) Compensation	\ - /	tributions iplovee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		plans &	account and
(-)	position	-0)	1	erred	other allowances
		·	compe	ensation	
EUGENE HOTINGER, 195 E FUDDKERS	SECRETARY				
	1			0.00	0.00
CANYON RD #47, CEDAR CITY, UT 84721	5,00	0.00	 	0,00	0.00
STEVE AHLGREEN	PRESIDENT				
BOX 2402, CEDAR CITY, UT 84720	5.00	0,00		0,00	0.00
STEVE WOOD, 2086 W 265 SOUTH, CEDAR	TREASURER				
CITY, UT 84720	15,00	0.00		0,00	0.00
TERRY KEYES 133 N GUIDELIGHT DRIVE	PRESIDENT ELECT				
CEDAR CITY UT 84720	1.00	0.00		0.00	0.00
WAYNE CLARK 888 FOUNTAIN DRIVE	DIRECTOR				
	1			0.00	0.00
CEDAR CITY, UT 84720	5,00	0,00	 	0,00	0.00
LINDA BROWN	SECRETARY ELECT				
448 S 1840 WEST, CEDAR CITY, UT 84720	0,50	0.00	 -	0,00	0.00
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022172	<u> </u>	<u> </u>	<u> </u>		
932172 02-08-10				Form '	990-EZ (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
			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		<u>x</u> _
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		<u>x_</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	İ		
a	initiation fees and capital contributions included on line 9			
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:	ļ		
	section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		i
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	İ		
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. 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			1
	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 organization's books are in care of ► STEPHEN L. WOOD Telephone no. ► 435-586-42			
	Located at ▶ PO BOX 1024, CEDAR CITY, UT ZIP+4 ▶ 84	721_		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	г		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u> </u>
	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.			ĺ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		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			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		r	V	
	f		Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X (0000)
		orm 99	30-EZ	(2009)

	EZ (2009) CEDAR CITY ROTARY FOUNDATION INC.			20-0756025		Page 4
Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantab and 51					
46 Did t	he organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to c	andidates for public		Ye	s No
office	e? If "Yes," complete Schedule C, Part I				46	х
17 Did t	he organization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47	_х_
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y			_	48	X
49a Didt	he organization make any transfers to an exempt non-charitable relate	ed organization?		<u> </u>	49a	х
	es," was the related organization a section 527 organization?			<u>-</u>	49b	ــــــــــــــــــــــــــــــــــــــ
	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		s, trustees and key e	mployees) who ead	ch received	d more
	(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	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accour other allo	nt and
	NONE					
			<u></u> _			
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	·					
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orga	nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of se	vice (c)	Compens	ation
					·	
				_		
-						
d Total	I number of other independent contractors each receiving over \$100,0	000	>			
Sign Here	Under penalting of pernity, I declare that I have examined this return, including correct, and complete Degraph on of prepare that I have examined this return, including correct, and complete Degraph on of prepare the proficer is based on the profit of t	accompanying schedules and statemen all information of which preparer has any	its, and to the best of m knowledge	y knowledge/and bela	ef, it is true,	
	STEVE AHLGREEN PRESIDENT Type or print name and title					
Paid Preparer's	Preparer's signature (STEVE WOOD MBA EA)		ck if self- ployed x	parer's identifying nur P00233		str)
Use Only	Firm's name (or yours STEVE WOOD LLC EA		EIN I	87-065460	8	
			۱	_		
	il self-employed). STEVE WOOD EA		Phor	ie 🖊		
<u> </u>	address and 71D + 4	4721	no.	435-586-4	1202 Yes [N

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	the organizati	ion							Employer is	dentificati	on nu	mber
			ROTARY FOUNDATION						20-	-0756025		
Part I	Reason	for Public Char	ity Status (All organia	zations mu	st comple	te this par	t) See ins	tructions	3	· ·		
The organ	ii≳ation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🛄	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)	(iii). Enter th	ne hospital	's nam	ιе,
	city, and stat	te:										
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental u	nıt describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from th	ne general p	ublic desc	ribed i	n
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8 <u> </u>	A community	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 contri	butions, n	nembers	hip fees, and	d gross red	eipts:	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 1	1/3% of i	ts support f	rom gross	ınvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	ganization a	fter June 3	0, 197	′ 5.
	See section	509(a)(2). (Complete	Part III)									
10	An organizat	ion organized and o	perated exclusively to te	st for publ	ıc safety. S	See sect io	n 509(a)(4	4).				
11	An organizati	ion organized and o	perated exclusively for the	he benefit (of, to perfo	orm the fui	nctions of,	or to ca	rry out the p	ourposes o	f one o	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509	9(a)(3). Che	ck the box	that	
	describes the		organization and compl		_							
	a Type		• •	с 📖 Тур		-	-			Type III - C		
e 🗀	• -	-	it the organization is not		-							n
			han one or more publicl						09(a)(1) or s	ection 509	(a)(2)	
f	=		ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th				_						
g			rganization accepted ar									
			irectly controls, either a	lone or tog	ether with	persons o	lescribed	in (ii) and	(III) Delow,	44.00	Yes	No
	_	• •	upported organization?				•			11g(i)	\vdash	
		•	n described in (i) above?		. 0					11g(ii)		-
	` ,	•	person described in (i)	• •						11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
		I	(iii) Type of	lina ta aba		(a) Did you	. notification	(vi)	Is the			_
	of supported	(ii) EIN	organization		organization sted in your			Lorganiza	ition in col. I	(vii) Am		f
oi ga	anization	į	(described on lines 1-9		document?			(i) organ	nized in the	sup	ווטנ	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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	 			 				<u> </u>	++			
Total				1	1	1	l					

(Complete only if you checked	the box on line	5, 7, or 8 of Part I.)				
ction A. Public Support						
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total, Add lines 1 through 3						
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						[
supported organization) included			1			
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
Public support. Subtract line 5 from line 4						
tion B. Total Support						
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
Amounts from line 4						
Gross income from interest,						ļ
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						<u> </u>
Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
Total support. Add lines 7 through 10						
Gross receipts from related activities, e	tc. (see instruct	tions)			12	
First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
organization, check this box and stop	here					
ction C. Computation of Public	Support Pe	ercentage				
Public support percentage for 2009 (lin	e 6, column (f)	divided by line 11,	column (f))		14	
Public support percentage from 2008 \$	Schedule A, Par	t II, line 14			15	
33 1/3% support test - 2009. If the org	janization did ne	ot check the box of	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
stop here. The organization qualifies a	s a publicly sup	ported organizatioi	า			>
33 1/3% support test - 2008.If the org	anization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	us box
and stop here. The organization qualifi						>
and Stop Hore: The organization quant			shock a how on line	13 16a or 16b a	and line 14 is 10%	or more,
•	- 2009. If the org	ganization did not d	HECK & DOX OH IIIIC	, 10, 100, 01 100, 0		
10% -facts-and-circumstances test						
10% -facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to	s-and-circumsta	nces" test, check t	his box and stop h	nere. Explain in Pa		

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Celtrader year (is total year beginning mit)	Sch	edule A (Form 990 or 990 EZ) 2009 cr irt III Support Schedule for C	DAR CITY ROTAR Organizations [Y FOUNDATION D	ection 509(a)(2) (Complete only if	20-0756025 you checked the box	Page 3 on line 9 of Part I.)
1. Giffs, grants, contributions, and membranch piece secreted (00 not include any *unusual grants*) 2. Giross receipts from admissions diministration of the piece of the pie							<u> </u>	
1. Gifts, grants, contributions, and membership resist received loss not include any runsual grants. 1 2. Gines respits from admissions, from chandles sold or services performed, or featilises furnished in any activity that is related to the organization's tra-eventy purpose 3. Gines receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues level for the organization's tra-eventy purpose 3. Gines receipts from activities that are not an unrelated trade or business under section 513 6. The value of services or facilities furnished to the organization's benefit and either paid to or expended on its behalf 6. The value of services or facilities furnished to the organization without charge 6. Total Add lines 1 through 5 7 a Amounts included on lines 1.2, and 3 received received exceeding a perfect of the control of the perfect of the per	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
The number along the se recoved. (Do not included any function and the second a								
2. Gross recepts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3. Gross recepts from admissions and any activity that is related to the organization's tax-exempt purpose in the performance of the performance		-						
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Section B. Total Support	_							
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	b							
	20							

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
CHARITY GOLF TOURNAMENT E BANK CHARGES OFFICE SUPPLIES AND EXPEN		9,156 67 150	.94
JULY JAMBOREE CHARITABLE AWARDS & PLAQUES		8,601 2,376	.04
ANNUAL REPORTS LABOR DAY CHARITABLE PROJ COST OF DICTIONARIES FOR		25 3,043 2,808	
Total to Form 990-EZ, lin	e 16	26,228	.15

FOI	RM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contract	s		S	tate	ment	2
A)	Did the organization, during the year, receive any fun directly or indirectly, to pay premiums on a personal benefit contract?		[]	Yes	[X]	No
B)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	? .	. []	Yes	[X]	No

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Statement 3

TO SERVE THE CITY OF CEDAR CITY AS A CHARITABLE SUPPORT FOR PROJECTS THAT FIT WITHIN THE ROTARY INTERNATIONAL MISSION OF SERVICE!

09x 20-0756025 v1 Schedule I - Organization/Government Grants

Organization of Government Grant Information							
Government or Organization		Addres	Address Information				
	Employer ID						Amount of Cash
Name	Number	Street	Clfy	State	ZIP Code	Country	Grants
SOUTHERN UTAH UNIVERSITY	87-6000216	110 N MAIN	CEDAR CITY	5	84720		9652.00
CEDAR CITY UTAH VETRANS PARK	87-6000215	110 N MAIN	CEDAR CITY	Ē	84721		88228 08
POOTPRINTS OF LOVE INDIA INTERNATIONAL PROJECT			INDIA			N.	7700 00
CEDAR AMERICAN LEGION			CEDAR CITY	5	84720		625 00
CEDAR MISCELLANOUS			CEDAR CITY	5	84720		6979 16
PAIUTE INDIAN TRIBE			CEDAR CITY	5	84720		800 00
CEDAR CITY MUSIC ARTS			CEDAR CITY	5	84720		1200 00
NBIL SIMON PESTIVAL CEDAR CITY UTAH			CEDAR CITY	5	84720		00 0009
CEDAR CITY UTAH MUNICIPALITY PARK CONCESSION BUILDING	87-6000021	110 N MAIN	CEDAR CITY	5	84720		10000 00
TOTAL CONTRIBUTIONS DISBURSED							131184 24