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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)

OMB No 1545-1150

**2010**

Open to Public

Inspection

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning **10/01/10**, and ending **09/30/11**

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

**KIWANIS CLUB OF PUYALLUP  
K00590**

Number and street (or P O box, if mail is not delivered to street address)

**PO BOX 246**

Room/suite

City or town, state or country, and ZIP + 4

**PUYALLUP WA 98371**

D Employer identification number

**91-6034556**

E Telephone number

**253-863-7972**

F Group Exemption

Number ► **0026**G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►H Check ☐ if the organization is not required to attach Schedule BI Website: ► **www.puyallupkiwanis.com**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ **59,570****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

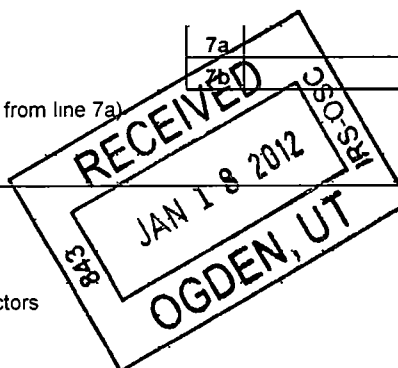
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>20,327</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>11,467</b>
	4	Investment income	4	<b>268</b>
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<b>25,202</b>
c	Less direct expenses from gaming and fundraising events	6c	<b>9,746</b>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>15,456</b>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	<b>2,306</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>49,824</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<b>46,045</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	<b>3,600</b>
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	<b>11,860</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>61,505</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-11,681</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>79,600</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>4,374</b>
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>72,293</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

17 6

SCANNED JAN 25 2012



**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	79,600	22	71,093
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	1,200
25 Total assets	79,600	25	72,293
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,600	27	72,293

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

TO CHANGE THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 YOUNG CHILDREN PRIORITY ONE-SUPPORT TO VARIOUS NON-PROFIT ORGANIZATIONS FOR THE BENEFIT OF UNDERPRIVILEGED CHILDREN (Grants \$ <b>10,883</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,883
29 YOUTH SERVICES-SCHOLARSHIPS AND SUPPORT TO VARIOUS NON-PROFIT ORGANIZATIONS PROMOTING LEADERSHIP AND DEVELOPMENT OF YOUTH (Grants \$ <b>27,156</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	27,156
30 COMMUNITY SERVICES-VARIOUS COMMUNITY SERVICE PROJECTS INCLUDING ANNUAL TEACHERS' APPRECIATION LUNCH AND SUPPORT TO AREA FOOD BANKS (Grants \$ <b>8,006</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,006
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	46,045

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BARBARA HERBERT 2919 16TH ST SE WA 98374	DIRECTOR 1.00	0	0	0
TED MALONEY 2207 35TH AVE SE WA 98374	PAST PRESIDENT 1.00	0	0	0
RUDY FYLES 8101 182ND ST E WA 98375	PRESIDENT 4.00	0	0	0
PETE BRISTOW 2028 HISTORIC WAY WA 98371	DIRECTOR 1.00	0	0	0
ETHYL DOW 5101 30TH ST NE WA 98422	SEC/TRES 3.00	3,300	0	0
STAN CROSS 4219 CRYSTAL LANE LOOP SE WA 98372	DIRECTOR 1.00	0	0	0
TIM GREGOIRE 323 N MERIDIAN WA 98371	DIRECTOR 1.00	0	0	0
DENNIS KING 1113 N MERIDIAN WA 98371	DIRECTOR 1.00	0	0	0
TOM THOMAS 2501 36TH AVE SE WA 98374	DIRECTOR 1.00	0	0	0
ROSEMARY ECKERSON 333 18TH ST NW WA 98371	DIRECTOR 1.00	0	0	0
HAYDEN WILLIAMS 13616 DANA LANE WA 98373	PRESIDENT ELECT 2.00	0	0	0
CHRIS KUCKLICK 1308 VALLEY VIEW DRIVE WA 98372	DIRECTOR 1.00	0	0	0
LORRAINE WILSON 3114 EAST M ST WA 98404	DIRECTOR 1.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	DAN MCCLUNG	
1911 MAIN		
Located at	SUMNER	
WA	ZIP + 4	98390
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶


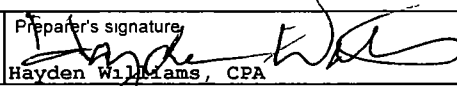
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>		12-13-11		
	Signature of officer <b>ETHYL DOW</b>	Date <b>SECRETARY-TREASURER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Hayden Williams, CPA</b>	Preparer's signature 	Date 12/12/11	Check <input type="checkbox"/> if self-employed PTIN P00025438
	Firm's name ▶ <b>Williams &amp; Schloer, CPA's, Inc.</b>	Firm's EIN ▶ <b>91-1306345</b>		
	Firm's address ▶ <b>1843 E Main Ave Puyallup, WA 98372-3147</b>	Phone no <b>253-845-4281</b>		
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

**2010**Open To Public  
InspectionName of the organization **KIWANIS CLUB OF PUYALLUP**  
**K00590**Employer identification number  
**91-6034556****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization

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

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from  
registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AUCTION</u> (event type)	(event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	17,624			17,624
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	17,624			17,624
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,437			6,437
	10 Direct expense summary Add lines 4 through 9 in column (d)				6,437
	11 Net income summary Combine line 3, column (d), and line 10				11,187

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **KIWANIS CLUB OF PUYALLUP**  
**K00590**Employer identification number  
**91-6034556****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MOTHER'S DAY FLOWERS	\$ 970
FAIR LUNCHEON	\$ 629
PUYALLUP FAIR PARADE	\$ 407
AUTO SHOW	\$ 300
<b>Total</b>	<b>\$ 2,306</b>

**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations**

Name and Address	Class of Activity	Date of Gift
Desc. of Property		
Cash Contrib. Noncash Contrib.		
Book Value	BV Expl.	FMV Expl.
YCPO	YOUNG CHILDREN	
	\$ 10,883	\$ 0
	\$ 0	
YOUTH SERVICES	YOUTH SERVICES	
	\$ 6,829	\$ 0
	\$ 0	
SCHOLARSHIPS		
	\$ 20,327	\$ 0
	\$ 0	

Name of the organization

KIWANIS CLUB OF PUYALLUP

Employer identification number

91-6034556

## COMMUNITY SERVICES

## COMMUNITY SERVICES

\$ 5,006 \$ 0

\$ 0

## Form 990-EZ, Part I, Line 16 - Other Expenses

## Description

## Amount

## Expenses

CONVENTIONS \$ 570

KIWANIS INTERNATIONAL DUE \$ 7,502

MEMBERSHIP \$ 788

BOD INSURANCE \$ 323

INSTALLATION DINNER \$ 198

ROOM SERVICE TIP \$ 74

WEB SITE MAINTENANCE \$ 330

DIRECTORY \$ 235

POSTAGE \$ 44

BOD MEETINGS-PRINTING REP \$ 101

GUEST MEALS-SPEAKERS \$ 720

LT GOVNERNOR SUPPORT \$ 500

ACCOUNTING TOOL \$ 180

LICENSES \$ 10

PO BOX \$ 96

PRESIDENT'S PLAQUE \$ 72

SUPPLIES \$ 79

UNALLOCATED EXPENSES \$ 38

Total \$ 11,860

Name of the organization

KIWANIS CLUB OF PUYALLUP

Employer identification number

91-6034556

## Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PROMOTIONS ACCOUNT NOT PREVIOUSLY INCLUDED	\$ 2,930
CASH BASIS ADJUSTMENT	\$ 1,444

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 0	\$ 1,200
Total	\$ 0	\$ 1,200

## Form 990-EZ, Part III, Line 31 - All Other Achievements

INTERNATIONAL RELATIONS-SUPPORT TO WORLD VISION  
AND STUDENT EXCHANGE PROGRAM  
SPECIAL NEED SUPPORT TO AREA FOOD BANKS, SPECIAL  
OLYMPICS, AND OTHER COMMUNITY PROGRAMS