

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



## Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax** 

OMB No 1545-1150

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)

Sponsoring organizations of dohor 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. 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 Department of the Treasury Internal Revenue Service

For the 2011 calendar year, or tax year beginning 2011 2012 JUN 1. and ending MAY 31, Check if applicable C Name of organization D Employer identification number Address change 59-0757331 UNITED WOMEN'S CLUB OF LAKELAND, Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 863-647-9540 Terminated 1515 WILLIAMSBURG SQ. City or town, state or country, and ZIP + 4 F Group Exemption Amended return Application pending LAKELAND. 33803-4277 Number > G Accounting Method: X Cash Accrual H Check X If the organization is not Other (specify) Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) -  $\bigcirc$  501(c)(3)  $\times$  501(c) (4)  $\triangleleft$  (insert no.)  $\bigcirc$  4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check Improve the organization is not a section 509(a)(3) supporting organization or a section 527 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 49,220. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1,391. 1 1 2 2 Program service revenue including government fees and contracts 4,949. 3 Membership dues and assessments 3 Investment income.... SEE SCHEDULE O 4 191. 5a Gross amountation sale-of assets other than inventory 5a ( Less: cost or other basis and sales expenses 5b SC/Revenue OCT Gain orgibss) from sale of assets other than inventory (Subtract line 5b from line 5a)
Gaming and formulasing events | v. 5c a Gross income from gaming (attach Schedule G if greater than \$15.0000 OGDEN, UT 6a of contributions b Gross income from fundralsing events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 12,460. gross income and contributions exceeds \$15,000) 6b 8,896. c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 3,564. 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 30,229. Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 8 40,324. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 SEE SCHEDULE O 3,306. 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 1,745. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance SEE SCHEDULE O 14 30,264. 14 15 280. 15 Printing, publications, postage, and shipping SEE SCHEDULE O 9,361. Other expenses (describe in Schedule O) 16 16 Total expenses. Add lines 10 through 16 44,956. 17 17 -4,632. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) 19 247,136. (must agree with end-of-year figure reported on prior year's return) 19 642. SEE SCHEDULE O 20 Other changes in net assets or fund balances (explain in Schedule O) 20 243,146. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

	1990-EZ (2011) UNITED WOMEN'S CLUB OF LA	KELAND,	INC.		<u> 59-</u>	<u>07573</u>	31 Page 2
P	art II Balance Sheets. (see the instructions for Part II.						
	Check if the organization used Schedule O to res	pond to an			<del></del>		<u> </u>
			(/	) Beginning of year		<u>(B)</u>	nd of year
22	Cash, savings, and investments			<u>57,531</u>		<del> </del>	<u>64,908.</u>
23	Land and buildings		-	<u> 186,325</u>		<del> </del>	179,204.
24	Other assets (describe in Schedule O) SEE SCHEDULE C			7,017		<del> </del>	<u>5,765.</u>
25	Total assets		<u> </u>	250,873 3,737			<u>249,877.</u>
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE C			247,136			6,731. 243,146.
27 P:	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmen	ts (see the	Instructi				
	Check if the organization used Schedule O to res	•			· _		rpenses for section
Wha	it is the organization's primary exempt purpose?SUPPORT OF VAR				<u>'                                    </u>		and 501(c)(4)
							ons and section ) trusts; optional
	ribe the organization's program service accomplishments for each of its three largest program her, describe the services provided, the number of persons benefited, and other relevant inform			s in a clear and concise		for others.	
28	SUPPORT OF VARIOUS CHARITIES		-				
		· ·-					
	(Grants \$ 3,306.) If this amount includes foreign of	rants, check h	ere	<b></b>		28a	
29							
						]	
	(Grants \$ ) If this amount includes foreign of	rants, check h	ere	<u> </u>		29a	
30				<del></del>		)	
				<del></del>			
				<u> </u>			
	(Grants \$ ) If this amount includes foreign (	rants, check h	ere			30a	
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount includes foreign of	rants, check h	ere			31a	
	Total program service expenses (add lines 28a through 31a)		<del></del> -			32	<u> </u>
P	w+ IV/ + List of Officers Directors Triistees and KeV F						
	art IV List of Officers, Directors, Trustees, and Key E					instructions fo	or Part IV)
	Check if the organization used Schedule O to res	pond to an	y questio	n in this Part I	V		
	Check if the organization used Schedule O to res	pond to an	y questio erage hours		(d) He	ealth benefits,	(e) Estimated
		pond to an	y questio erage hours evoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He continue employers, plans,	ealth benefits, ributions to byee benefit and deferred	
	Check if the organization used Schedule O to res	pond to an (b) Title and av per week do positi	y questio erage hours evoted to on	(c) Reportable compensation (Forms	(d) He continue employers, plans,	ealth benefits, ributions to oyee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE,	pond to an (b) Title and av per week do positi PRESIDE	y questio erage hours evoted to on NT	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contraction	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
LA	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813	pond to an (b) Title and av per week do positi PRESIDE 1.0	y questio erage hours evoted to on NT 0	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contraction	ealth benefits, ributions to byee benefit and deferred	(e) Estimated amount of other
L <sub>P</sub>	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  Y WRIGHT	pond to an  (b) Title and av per week de positi  PRESIDE 1.0 1ST VIC	y questio erage hours evoted to on NT 0 E-PRES	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  IDENT	(d) He contrempte plans, com	halth benefits, ributions to yoyee benefit and deferred appensation	(e) Estimated amount of other compensation
JC 19	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813  Y WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813	pond to an  (b) Title and av per week de positi  PRESIDE 1.0 1ST VIC 1.0	y questio erage hours evoted to on NT 0 E-PRES 0	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  1 DENT  0 .	(d) He contrempte plans, com	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
JO 19 SH	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813  OY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  KIRLEY HOCKERT	pond to an  (b) Title and av per week de positi  PRESIDE 1.0 1ST VIC 1.0 2ND VIC	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  1DENT  0.	(d) He continue employers, com	paith benefits, ributions to opee benefit and deferred appensation	(e) Estimated amount of other compensation  0.
JC 19 SH	Check if the organization used Schedule O to res  (a) Name and address  NDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  OY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809	pond to an per week do positi  PRESIDE 1.0  1ST VIC 1.0  2ND VIC 1.0	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  1 DENT  0 .	(d) He continue employers, com	halth benefits, ributions to yoyee benefit and deferred appensation	(e) Estimated amount of other compensation
LA JC 19 SH 61 MA	Check if the organization used Schedule O to res  (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  ARY SUE MOODY, 6655 FORESTWOOD	pond to an per week do position position position position position presented to the pres	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ER	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  SIDENT  O.  SIDENT  O.	(d) He contraction of the contra	paith benefits, ributions to byse benefit and deferred and deferred apensation 0.	(e) Estimated amount of other compensation  0.
LA JO 19 SH 61 MA	Check if the organization used Schedule O to rescale the control of the control o	pond to an per week do position position position position position presented to the position position presented to the position presented to the position presented to the presented presented to the presented present	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ER 0	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  SIDENT  O.  SIDENT  O.	(d) He continue employers, com	paith benefits, ributions to opee benefit and deferred appensation	(e) Estimated amount of other compensation  0.
JO 19 SH 61 MF DF JE	Check if the organization used Schedule O to res  (a) Name and address  CNDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  KIRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  KRY SUE MOODY, 6655 FORESTWOOD  CIVE W, LAKELAND, FL 33811  CANETTE BURK	pond to an per week do position to an per week do position to an per week do position to an accordance of the position to an accordance of the position to an accordance of the per week down and accordance of the position to an accordance of the position to acco	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ER 0 ONDING	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SIDENT  O.  SECRETAR	(d) He control employed plans, com	paith benefits, ributions to byse benefit and deferred pensation  0.  0.	(e) Estimated amount of other compensation  0.  0.
LA JC 19 SH 61 MA DF JE 20	Check if the organization used Schedule O to res  (a) Name and address  (NDA FRICK, 5965 PIER PLAVE DRIVE, (KELAND, FL 33813) (Y WRIGHT) (27 KIMBALL CT, LAKELAND, FL 33813) (IRLEY HOCKERT) (52 SWALLOW DR, LAKELAND, FL 33809) (RY SUE MOODY, 6655 FORESTWOOD) (RIVE W, LAKELAND, FL 33811) (ANETTE BURK) (10 HIBRITEN WAY, LAKELAND, FL 33803)	pond to an per week do position position position position process to the position position present pr	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ER 0 ONDING	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.	(d) He control employed plans, com	paith benefits, ributions to byse benefit and deferred and deferred apensation 0.	(e) Estimated amount of other compensation  0.
JOSH 61 MA DE 20 BA	Check if the organization used Schedule O to res  (a) Name and address  CNDA FRICK, 5965 PIER PLAVE DRIVE,  KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  KIRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  KRY SUE MOODY, 6655 FORESTWOOD  CIVE W, LAKELAND, FL 33811  CANETTE BURK	pond to an per week do position per week do position pressure 1.0 1ST VIC 1.0 2ND VIC 1.0 TREASUR 1.0 CORRESP 1.0	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ER 0 ONDING 0 NG SEC	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.	(d) He control employers com	paith benefits, ributions to byse benefit and deferred pensation  0.  0.	(e) Estimated amount of other compensation  0.  0.
LA JC 19 SH 61 MA DF JE 20 BA LA	Check if the organization used Schedule O to res  (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  ARY SUE MOODY, 6655 FORESTWOOD  LIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  ARBARA DERK, 3125 NEW JERSEY RD,	pond to an per week do position per week do position presented in the pr	y questio erage hours evoted to on  NT 0 E-PRES 0 O ER 0 ONDING 0 ONDING 0 ONDING	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY	(d) He control employers com	on the property of the propert	(e) Estimated amount of other compensation  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  LIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  LKELAND, FL 33803	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY	(d) He control emple plans, com	on the property of the propert	(e) Estimated amount of other compensation  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JC 19 61 MA DE JE CA	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the present the present the position present the presen	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LA JOSE SE S	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the position present the present the present the present the position present the present t	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	obtain benefits, ributions to byse benefit and deferred and deferred apensation    0.    0	(e) Estimated amount of other compensation  0.  0.  0.  0.
LACE SECTION OF SECTIO	Check if the organization used Schedule O to rescale (a) Name and address  INDA FRICK, 5965 PIER PLAVE DRIVE, KELAND, FL 33813  DY WRIGHT  27 KIMBALL CT, LAKELAND, FL 33813  IRLEY HOCKERT  52 SWALLOW DR, LAKELAND, FL 33809  RY SUE MOODY, 6655 FORESTWOOD  RIVE W, LAKELAND, FL 33811  CANETTE BURK  10 HIBRITEN WAY, LAKELAND, FL 33803  RBARA DERK, 3125 NEW JERSEY RD,  KELAND, FL 33803  ROLYN CALLAHAN	pond to any per week do position position position position present the position position present the present the position present the position present the present the position present the present the position present the position present the present the position present the present the present the present the position present the present t	y questio erage hours evoted to on  NT 0 E-PRES 0 E PRES 0 ONDING 0 NG SEC 0 NT TRE	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  IDENT  O.  SECRETAR  O.  RETARY  O.  ASURER	(d) He control emple plans, com	oalth benefits, ributions to opee benefit and deferred and deferred opensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.  0.

Pa	int V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in t	115 Pa		X
33	Did the organization engage in any eignificant activity not provided to the IDCO If Weet avoided description of each		res	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		<del>  ^</del>
4	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	104		<del>  ^</del> -
004	on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	100		<u> </u>
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9  39a N/A	4		
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		)
	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?	40b		x
	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		
·	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			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ <u>FL</u>			
42 a	The organization's books are in care of ► HARRIS & WRIGHT PA Telephone no. ► 863-68			<u> </u>
	Located at ► 720 S MISSOURI AVENUE, LAKELAND, FL ZIP+4 ►	<u>3381</u>	<u>5</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	1		ŀ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
C	If "Yes," enter the name of the foreign country:	720		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
10	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				_
			Yes	No
44 a	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
	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			
	ın Schedule O	44d		<b> </b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4.		1
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(2011)

UNITED WOMEN'S CLUB OF LAKELAND, INC.

59-0757331

Page 3

Form 990-EZ (2	UNITED WOMEN'S CLUB	OF LAKELA	ND, INC.		<u>59-0757</u>			Page 4
<b>46</b> Did the or	ganization ongogs, directly or indirectly in political comme	noigh activities on hel	self of or in apposition	n to condudates for n	iblio office o		Yes	No
	ganization engage, directly or indirectly, in political cam omplete Schedule C, Part I	paigit activities of bei	ian or or in oppositio	ii to candidates for pr	ionic onice?	46		Х
	Section 501(c)(3) organizations and se	ection 4947(a)(	1) nonexempt	charitable tru	sts only. All		n 501	
_	organizations and section 4947(a)(1) nonexempt of		-		_			
	for lines 50 and 51. Check if the organization used	d Schedule O to res	pond to any ques	tion in this Part VI				
					,		Yes	No
	ganization engage in lobbying activities or have a section	• •		ear? If "Yes," complete	Sch. C, Part II	47_		
	anization a school as described in section 170(b)(1)(A)(					48_		
	ganization make any transfers to an exempt non-charita vas the related organization a section 527 organization?	bie related organizatio	on ?			49a_ 49b		
	this table for the organization's five highest compensate	ed employees (other th	han officers, director	s, trustees and kev er	ا nolovees) who e		erved r	more
	0,000 of compensation from the organization lifthere is							.,,,,
	(a) Name and address of each employee		e and average hours	(C) Reportable compensation (Forms	(d) Health benefit	1 1	) Estim	
	paid more than \$100,000		per week devoted to w-2,		employee benefit plans, and deferre		ount of mpens:	
	N/A		position		compensation	- 001		
		———						
				<del>                                     </del>				
<del></del>								
	· · · · · · · · · · · · · · · · · · ·							
						ļ		
						Ì		
f Total aver	about of other amplement and over \$100,000			<u> </u>		l	_	
	nber of other employees paid over \$100,000 this table for the organization's five highest compensate	ed independent contra	ctors who each rece	eved more than \$100	NNN of compans	atınn fr	om the	<b>.</b>
	ion If there is none, enter "None." $N/A$	o macponaciii comia	iotoro milo odom rodo.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ood of compand	u	0111 1110	•
	d address of each independent contractor paid more that	n \$100,000	<b>(b)</b> Type (	of service	(c)	Compe	nsatio	<u>1</u>
		<del></del>						
				<del></del>				
				·	<del></del>	-		
	nber of other independent contractors each receiving ov	• •		<b>-</b>				
	rganization complete Schedule A? Note: All section 501(	c)(3) organizations ar	nd 4947(a)(1) nonexi	empt		¬ v.		٦.,,
Charitable Under penalties o	e trusts must attach a completed Schedule A f perjury, I declare that I have examined this return, including acco parer, ether than officery's basen on this information of which prepa	mpanying schedules and	statements, and to the b	est of my knowledge and	belief, it is true, co	rrect, an		No lete
	parer of hazythan officery's basett or all information of which prepa	rer has any knowledge	<del></del>		alaI.			
Sign Here	Signature of officer				Date /	_		
	MARY SUE MOODY, TREASUR	ER	<del> </del>	<del></del>				
	Type or print name and title		·	100-	7 4 15			
D-1-1	Print/Type preparer's name Prepare	r's signature	Date	Check	] If PTIN			
Paid	Vicania ( 1/2	nuis)/ 1	pri ania	self- emplo	·	1 5 0	C 1 A	
Preparer Use Only	Frms name > HADDIG C WDTGUM	D. A.	<u> </u>		P00 ► 26-00			
OSE OIIIY	Firm's address ► 720 SOUTH MISSO	P.A. URI AVENUE		Firm's EIN Phone no	0.60			5
	LAKELAND, FL 33		-	i ilolie ()O	. 505 0	J ,		_
May the IRS di	scuss this return with the preparer shown above? See in				<b>)</b>	X Ye	s	□ No
						Form 9	90-EZ	(2011)

(Form 990 or 990-EZ)

# 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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WOMEN'S CLUB OF LAKELAND, INC.

Employer identification number 59-0757331

UNITED WOMEN S CLUB OF LARELAND, INC. 39-0	3/3/33I
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	191.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
COMMERCIAL LAKELAND FL	30,229.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: LAKELAND POLICE DEPT	
GRANTEE ADDRESS: 228 S MASSACHUSETTS AVE LAKELAND, FL 33801	
AMOUNT GIVEN:	30.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: HARRISON SCHOOL OF THE ARTS	
GRANTEE ADDRESS: 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33801	
AMOUNT GIVEN:	175.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FRIENDS OF THE LIBRARY	
GRANTEE ADDRESS: 100 LAKE MORTON DR LAKELAND, FL 33801	
AMOUNT GIVEN:	298.

(Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNITED WOMEN'S CLUB OF LAKELAND, INC. 59-	-0/5/331
GRANTEE NAME: CATHOLIC CHARITIES	
GRANTEE ADDRESS: 1801 E MEMORIAL BLVD LAKELAND, FL 33801	
AMOUNT GIVEN:	150.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: MARCH OF DIMES	
GRANTEE ADDRESS: 405 N. REO STREET TAMPA, FL 33609	
AMOUNT GIVEN:	276.
ACTIVITY CLASSIFICATION:	
AMOUNT GIVEN:	50.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: GRWC LAKE WALES	
GRANTEE ADDRESS: LAKE WALES, FL 33853	
AMOUNT GIVEN:	12.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: TALBOT HOUSE MINISTIRES	
GRANTEE ADDRESS: 814 N KENTUCKY AVE LAKELAND, FL 33801	
AMOUNT GIVEN:	100.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: UNICEF	
GRANTEE ADDRESS: 125 MAIDEN LANE NEW YORK, NY 10038	
AMOUNT GIVEN:	73.

(Form 990 or 990-EZ)

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.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WOMEN'S CLUB OF LAKELAND, INC.

Employer identification number 59-0757331

UNITED WOMEN'S CLUB OF LAKELAND, INC.	59-0757331
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: EXPLORASTION V CHILDREN'S MUSEUM	
GRANTEE ADDRESS: 109 N KNETUCKY AVE LAKELAND, FL 33801	
AMOUNT GIVEN:	50.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: GEORGE JENKINS HIGH SCHOOL	
GRANTEE ADDRESS: 6000 LAKELAND HIGHLANDS RD LAKELAND, FL 3	3812
AMOUNT GIVEN:	75.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: MULTIMEDIA SALES & MARKETING	
GRANTEE ADDRESS: BREAST CANCER DONATION	
AMOUNT GIVEN:	267.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: VISTE	
GRANTEE ADDRESS: 1232 E MAGNOLIA LAKELAND, FL 33801	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: PACE CENTER FOR GIRLS	
GRANTEE ADDRESS: 101 W MAIN STREET STE 140 LAKELAND, FL 33	805
AMOUNT GIVEN:	100.

(Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

UNITED WOMEN'S CLUB OF LAKELAND, INC.	59-0757331
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: NEWSPAPER WITH A HEART (THE LEDGER)	
GRANTEE ADDRESS: 1 LIME STREET LAKELAND, FL 33815	
AMOUNT GIVEN:	100.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FFWC RESIDENTS PROJECT C/O GFFC FIA	
GRANTEE ADDRESS: 1 SOUTH FLORIDA AVE LAKELAND, FL 33801	<del></del>
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: YMCA	
GRANTEE ADDRESS: 2125 SLEEPY HILL ROAD LAKELAND, FL 3381	0
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: LAKELAND PUBLIC LIBRARY	
GRANTEE ADDRESS: 100 LAKE MORTON DRIVE LAKELAND, FL 3380	1
AMOUNT GIVEN:	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	3,306.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	8,373.
OTHER EXPENSES	21,891.
TOTAL TO FORM 990-EZ, LINE 14	30,264.

## SCHEDULE O

(Form 990 or 990-EZ)

# 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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WOMEN'S CLUB OF LAKELAND, INC.

Employer identification number 59-0757331

DESCRIPTION OF OTHER EXPENSES:			AMOUNT	' <b>:</b>
OFFICE EXPENSES		<u> </u>	2,	941.
ASSOCIATION DUES			1,	340.
TRAVEL				261.
FFWC DUES				680.
FFWC FALL BOARD				282.
FFWC CONVENTION				668.
UWC OFFICERS BOND		<del> </del>		189.
FLORIDA SOLICITATION FEE		<del></del>		75.
LANDSCAPE EXPENSE	-,	· · · · · · · · · · · · · · · · · · ·	1,	697.
MEETINGS				196.
BANK CHARGES				32.
TOTAL TO FORM 990-EZ, LINE 16			9,	361.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS	SETS:			
CHANGES IN NET ASSETS OR FUND BALANCES:			AMOUNT	·:
ADJUSTMENT TO PRIOR YEAR DEPOSITS HELD		· · · · · · · · · · · · · · · · · · ·		642.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION	BEG.	OF YEAR	END OF	YEAR
OTHER DEPRECIABLE ASSETS		7,017.	5,	765.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	S:			
DESCRIPTION	BEG.	OF YEAR	END_OF	YEAF

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

2011
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 59-0757331 UNITED WOMEN'S CLUB OF LAKELAND, INC. 137. 232. SALES TAX PAYABLE 800. 5,550. SECURITY DEPOSIT PAYABLE 2,800. 949. PREPAID RENT 3,737. 6,731. TOTAL TO FORM 990-EZ, LINE 26 FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.