# Form **990-EZ**

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

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.

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

, 2009, and ending

В	Check if applicable:  Address change Please Please C Name of organization  D Employer identifi									
	1	s change	80-0	038336						
_	Name Initial r	change	Telephone	e number						
	Termin		(360	) 978-4998						
	1	ed return	Group F	Exemption						
	Applica	ation pending	tions.			·				
		• Section !	501(c)(3	3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting met	nod:	Cash X Accrual				
		m	iust átta	ach a completed Schedule A (Form 990 or 990-EZ). Other (specify)						
	\A/ - l	b D	AD T 327	H Check ►	if the or	rganization is <b>not</b>				
١.				900 F7 or 900	en Sche PF).	edule B (Form 990,				
J K		cempt status		not more than						
n	Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally 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, be sure to file a complete return.									
T				7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990						
-	inste	ad of Form	990-EZ	7	▶\$	377,280.				
Pa	art I			Expenses, and Changes in Net Assets or Fund Balances (See the ins		ns for Part I.)				
	1			its, grants, and similar amounts received		141,018.				
	2	-		revenue including government fees and contracts						
	3		•	s and assessments						
	4			1e	4	251.				
				om sale of assets other than inventory	_					
R				er basis and sales expenses	5c					
Ë	6		-	etivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	30					
REVENUE		-								
Ü	a			not including \$of contributions 1)						
_	b	•		nses other than fundraising expenses	-					
		Net income	6с							
	7 a	Gross sal								
		Less: cos								
	С	Gross pro								
	8			ibe ► Rent Income	8	8,400.				
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		278,744.				
	10			ar amounts paid (attach schedule)						
E	11		_	146 500						
P	12			ompensation, and employee benefits		146,739.				
N	13 14			and other payments to independent contractors		27,688. 24,179.				
EXPENSES	15	Printing, p		109.						
S	16	Other expens	16	35,778.						
	17		•	Add lines 10 through 16	▶ 17	234,493.				
	18			t) for the year (Subtract line 17 from line 9)	18	44,251.				
, A	19	Net asset	s or fun	d balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		•				
N S E E		figure rep		165,868.						
N S E E T	20	Other cha								
	21			d balances at end of year. Combine lines 18 through 20	▶ 21	210,119.				
Pa	art II	Bala	nce S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inst						
~		da andride	ا ادمو	(See the instructions for Part II.)  (A) Beginning of your structure of the second sec		(B) End of year				
22				nvestments	1. 22 0. 23	125,653.				
23 24				De ► See L-24 Stmt )						
25										
26				ribe ► See L-26 Stmt ) 44,48						
27				alances (line 27 of column (B) must agree with line 21)						

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Parl			rvice Accomplishments	(See the instruction	ons.)		Expenses
	the organization's primary e					(Reg	uired for section
Descr descr progr	ibe what was achieved ibe the services provide am title.	in carrying out the ed, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and concelevant information for e	cise manner, ach	orgai 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
<u> </u>		2				_	,
						_	
	 (Grants \$		 is amount includes foreign gra	ants, check here		7 28 a	92,103.
29	•				•	_	52,233
						_	
	 (Grants \$		 is amount includes foreign gra	ants check here		_   29 a	
30	(Granto <del>-</del>						
		_					
	(Grants \$	) If th	is amount includes foreign gr	ants, check here		30 a	
	Other program services	s (attach schedule	)				
22	(Grants \$		is amount includes foreign gra			31 a ► 32	02 102
Parl			nes 28a through 31a)				92,103.
ı uı	LISCOT OTHE	cis, Directors	<b>(b)</b> Title and average hours		(d) Contributio		(e) Expense account
	(a) Name and ad	ldress	per week devoted to position	not paid, enter -0)	employee benefit p	lans and	and other allowances
Gar	y Buck		το ροσιτίοι τ		deletted deliper	Julion	
	Larmon Rd		Director				
Ona	laska	WA 98570	2.00	0.		0.	
	<u>mas L Crisman</u>						
	Larmon Rd		Director	_			
	laska	WA 98570	1.00	0.		0.	
	r Crutcher						
	<u>Larmon Rd</u>		Director			•	
	laska	WA 98570	3.00	0.		0.	
	<u>hard Crutcher</u> Larmon Rd		Director				
	_ <u>narmon_ku</u> laska	WA 98570	10.00	0.		0.	
	f Glenn	W1130370	10.00	· ·		<u> </u>	
	Larmon Rd		Director				
Ona	laska	WA 98570	2.00	0.		0.	
	ena Havens						
	Larmon Rd		President				
Ona	laska	WA 98570	15.00	0.		0.	
Luk	e <u>Matthews</u>						
<u>867</u>	Larmon Rd	- – – – – – – –	Exec. Director				
	laska	WA 98570	40.00	29,691.		309.	
	in Nash						
	Larmon Rd		Director				
	laska	WA 98570	6.50	0.		0.	
	has Sarathy						
	Larmon Rd		Treasurer	_			
	laska	WA 98570	4.00	0.		0.	
	Shankar						
	Larmon Rd		Director			^	
	laska	WA 98570	1.00	0.		0.	
	Turner		Sogratary				
	<u>Larmon Rd</u> laska	WA 98570	Secretary 2.00	0.		0.	
	ul Vaid	WA 303/0	2.00	<u> </u>		υ.	
	u <u>i vaid</u> Larmon Rd		Vice President				
	<u>laska</u>	WA 98570	1 nn	0		Λ	

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Pai	t V Other Information (Note the statement requirements in the instrs for Part V.)		l.,	
			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		Х
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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	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?	35 a		Х
I	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.  Did the organization file Form 1120-POL for this year?	37 b		Х
38 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	х	
ı	If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
40 8	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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	40 b		х
•	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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(	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	40.0		v
41	List the states with which a copy of this return is filed •	40e		Х
42.	The organization's			
42 (	hooks are in care of ► Turke Matthews Telephone no ► (360)	978	-499	8
	Located at ► 867 Larmon Rd Onalaska WA ZIP + 4 ► 98570	-	:	
		ſ	V	N.
ı	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No
	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 a Foreign Bank and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		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 <b>Form 1041</b> — Check here		▶ ∐	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Vac	Na
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

Part VI	<ul><li>Section 501(c)(3) organizations an 501(c)(3) organizations and section</li></ul>	า 4947(a)(1) noเ	nexempt charitab	t <b>charitable trusts only.</b> Ie trusts must answer q	All se إuestio	ection Ins	1
	46-49b and complete the tables for	lines 50 and 5	1.				
<b>46</b> Did t	he organization engage in direct or indirect pol	itical campaign acti	vities on behalf of or i	in opposition to candidates		Yes	No
	ublic office? If 'Yes,' complete Schedule C, Par				46		X
	he organization engage in lobbying activities? I	•					X
	e organization a school as described in section		•				X
	he organization make any transfers to an exemes,' was the related organization a section 527	•	-		49a		X
<b>50</b> Com	plete this table for the organization's five highe oyees) who each received more than \$100,000	st compensated em	ployees (other than o	fficers, directors, trustees and	d key		
		b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Ex	pense	
(a	) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou other all	int and lowance	s
None							
<b>f</b> Tota	number of other employees paid over \$100,00	00		·			
	plete this table for the organization's five highe pensation from the organization. If there is none		ependent contractors	who each received more than	า \$100,0	000 of	
			T				
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Comp	oensatio	n
None_							
-							
		. – – – – – – –					
<b>d</b> Tota	number of other independent contractors each	receiving over \$10	0,000	<b>-</b>			
	Under populties of parium, I dealers that I have avamined to	hio roturn including occur	annon ing ashadulas and atat	tomonto, and to the best of my knowles	dae and h	sline it is	
	Under penalties of perjury, I declare that I have examined the true, correct, and complete. Declaration of preparer (other the	than officer) is based on a	Il information of which prepa	arer has any knowledge.	ige and be	eller, it is	5
				1			
Sign Here	Signature of officer	e of officer Date					
пете	Luke Matthews			Executive Directo	ar.		
	Type or print name and title.			Executive Directo	<u>) T</u>		
	Prenezeria		Date	Check if Prepar	er's Identi	fying Nu	ımber
Paid	Preparer's signature Carol J Bezy		05/20/1		isti uCtiOHS	,	
Pre- parer's	Firm's name (or Business Resource	Center, Inc.					
Üse	yours if self- employed), > 2710 Jackson Highw			EIN ►			
Only	address, and ZIP + 4 Chehalis		WA 98532-	-8639 Phone no. ► (360)	748-	6927	7
	S discuss this return with the preparer shown a	above? See instruct	ions		X Yes		No
BAA				F	orm <b>99</b> 0	0-EZ	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Parivatti 80-0038336 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated d [ а Type I Type II С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? ..... 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? ..... 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col. (i) of (ii) EIN (iv) Is the rganization in col. (i) listed in your (i) Name of Supported Organization (vi) Is the (vii) Amount of Support organization in col.
(i) organized in the U.S.? your support? (see instructions)) governing document? Yes No Yes No Yes No Total

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Schedule A (Form 990 or 990-EZ) 2009

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	.)			
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	85,309.	111,193.	87,330.	170,309.	141,018.	595,159.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	85,309.	111,193.	87,330.	170,309.	141,018.	595 <b>,</b> 159.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						595,159.
Sec	tion B. Total Support	<u> </u>					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	85 <b>,</b> 309.	111,193.	87,330.	170,309.	141,018.	595 <b>,</b> 159.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	709.	630.	64.	1,004.	251.	2,658.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		325.	1,453.	4,200.	8,400.	14,378.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						612,195.
12	Gross receipts from related activi	ities, etc. (see inst	tructions)			12	227,611.
	First five years. If the Form 990 i organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶
	tion C. Computation of Pu						
14	Public support percentage for 200	09 (line 6, column	(f) divided by line	11, column (f)		14	97.22%
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14				65.00%
	a 33-1/3 support test — 2009. If the and stop here. The organization a 33-1/3 support test — 2008. If the and stop here. The organization of	qualifies as a puble organization did	licly supported org	anization	and line 15 is 33-	1/3% or more, che	► X
17 a	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	how
ł	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	how the
18				•			<b>—</b>
BAA	•		,			chedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2009 Pariyatti 80-0038336 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

<u> </u>	(Complete only if you check	ted the box on iii	le 9 01 Fait i.)				
	tion A. Public Support		1		1	I	
_	ndar year (or fiscal yr beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line						
Ü	7c from line 6.)						
Sac	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(4) 2000	(a) 2000	(f) Total
		(a) 2005	(b) 2000	(C) 2007	(d) 2008	<b>(e)</b> 2009	(I) 10tai
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is organization, check this box and s	top here		d, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶∏
	tion C. Computation of Pub						
	Public support percentage for 2009	•	•				%
	Public support percentage from 20 tion <b>D. Computation of Invented</b>					16	<u>%</u>
	Investment income percentage for				nn (f))	17	%
	Investment income percentage fro	•	` '	•	* * * * * * * * * * * * * * * * * * * *		%
	<b>33-1/3 support tests</b> – <b>2009.</b> If the more than 33-1/3%, check this box	e organization die	d not check the bo	x on line 14, and	d line 15 is more th	nan 33-1/3%, and lii	ne 17 is not
		-					
b	<b>33-1/3 support tests</b> – <b>2008.</b> If the is not more than 33-1/3%, check t	e organization die his box and <b>stor</b>	d not cneck a box <b>here.</b> The ordaniz	on line 14 or 19a zation qualifies as	s a publicly suppor	ted organization	nd line 18 ►

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions with Interested Persons**

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization 80-0038336 Pariyatti Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (c) Original principal amount (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (e) In default? (f) Approved (g) Written the organization? by board or committee? Τo From Yes No Yes No No Yes 25,000. Richard Crutcher Working Capital Х 25,000 Х Х Х 25,000 Total Grants or Assistance Benefitting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization Business Transactions Involving Interested Persons. Complete if the organization answered Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the (c) Amount of transaction \$ (e) Sharing of organization's (a) Name of interested person (d) Description of transaction organization revenues? Yes No

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Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

Pariyatti 80-0038336 1

### **Additional Information**

#### Statement 1

Distribution of printed and digital materials about Buddhism and Vipassana meditation.

Pariyatti 80-0038336 1

#### **Additional Information**

#### Statement 2

Distribution to individuals, libraries, universities, and monasteries of printed and digital materials about Buddhism and Vipassana meditation.

Free distribution of the Chatta Sangayana Devanagari edition of the Pali Buddhist Canon to libraries, universities, and monasteries.