efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492134015118 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 **B** Check if applicable C Name of organization D Employer identification number ARCADE AREA CHAMBER OF COMMERCE INC \square Address change 16-1193221 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 228 MAIN ST ☐ Final return/terminated (585) 492-2114 City or town, state or province, country, and ZIP or foreign postal code □ Amended return ARCADE, NY 14009 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is not ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www arcadechamber org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 0 2 2 4,827 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 20,904 4 4 135 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ 31,168 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 31,168 18,341 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d12.827 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 290 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 38,983 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 21,429 12 Salaries, other compensation, and employee benefits . 12 13 500 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 5,381 15 15 696 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 12,557 17 Total expenses. Add lines 10 through 16 17 40,563 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,580 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 59,499 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 57,919 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

-orm 990-E	2 (2017)						Page 2
Part II	Balance Sheets (see the instructions		wastian in this	Davt II			
	Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year	• •	(B) End of year
22 Cash, sa	avings, and investments			(A) D	65,991	22	65,094
	d buildings				·	23	· · ·
24 Other as	ssets (describe in Schedule O)				331	24	110
	ssets				66,322		65,204
	abilities (describe in Schedule O)				6,823	_	7,285
	sets or fund balances (line 27 of column	<u> </u>	-		59,499	27	57,919
Part III	Statement of Program Service A Check if the organization used Schedule	•			🗆	(R	Expenses equired for section 501(c)
	organization's primary exempt purpose?	, ,) and 501(c)(4) ganizations, optional for
Describe the	Y BETTERMENT e organization's program service accompli y expenses In a clear and concise manne and other relevant information for each pro	er, describe the service					hers)
28	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □	28a	
, ,	itional Data Table		,			29a	1
(Grants \$)	If this amoun	t includes foreign gran	its check here		. ▶ □		
	itional Data Table	t melades foreign gran	ics, check here	• •		30a	1
					_		
(Grants \$)		t includes foreign gran			. ▶ ⊔		
31 Otner pr (Grants \$)	rogram services (describe in Schedule O)	t includes foreign gran					
	rogram service expenses (add lines 28a				.	31a	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not co	ompensated — see the	ınstrı	uctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -(ition /1099- i t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Addition	nal Data Table						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach 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)	34		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No	
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			
	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		No No	
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		No	
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		No	
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		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
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 $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ 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			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No	
41	List the states with which a copy of this return is filed 🕨 ———————————————————————————————————				
42a	The organization's books are in care of MARIE SCHENK Telephone no MARIE SCHENK Telephone no MARIE SCHENK	585) 4 1400		!	
	Located at ► 684 W MAIN ST ARCADE, NY ZIP + 4 ►		19		
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	Yes	No No	
	If "Yes," enter the name of the foreign country	.25			
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		No	
	If "Yes," enter the name of the foreign country				
43 9	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				
			Yes	No	
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		No	
	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		No	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d			
45>	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		No No	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	75a		110	
+30	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				

orm 990-EZ (2017)							Page
							Yes	No
	organization engage, directly or indirect tes for public office? If "Yes," complete				opposition to	46		
Part VI S	Section 501(c)(3) organization	s only				40		
	All section 501(c)(3) organizations Theck if the organization used Schedule	must answer quest	ions 47-49b and	52, and	complete the ta	ables for l	ınes 50	and 5
	check if the organization used Schedule	e O to respond to any q	uestion in this Part	VI	<u> </u>	<u></u>	Yes	No
47 Did the	organization engage in lobbying activit	ies or have a section 50	01(h) election in eff	fact during	the tay year?			
	complete Schedule C, Part II		or(ii) election iii en	-	•	. 47		
48 Is the or	rganization a school as described in sec	ction 170(b)(1)(A)(ii)?	If "Yes," complete s	Schedule E		. 48		
49a Did the	id the organization make any transfers to an exempt non-charitable related organization?							
b If "Yes,"	was the related organization a section	527 organization? .				. 49b		
	te this table for the organization's five					ees and ke	y employ	/ees)
	th received more than \$100,000 of com ame and title of each employee	(b) Average	(c) Reportable		nter "None " i) Health benefit:	s, (e) E	stimated	amour
		hours per week devoted to position	compensation (Forms W-2/109 MISC)	9- b	ributions to emplo enefit plans, and erred compensat	ı´	ner comp	ensatio
		100.000						
	number of other employees paid over \$ te this table for the organization's five	,	dependent contrac	tors who	each received mo	re than ¢1	00 000 6	—— sf
	sation from the organization. If there is		паерепаент сопт ас		each received inc	ire than \$1	00,000	
	(a) Name and business address of e	each independent contr	actor	(b) T	ype of service	(c) Com	pensatio	<u>1</u>
d Total n	number of other independent contracto	rs each receiving over	\$100,000					
52 Did th	ne organization complete Schedule A? I	NOTE All Section 501(c)(3) organizations	must atta	ch a			
	leted Schedule A		• • • • • • • •			. ▶ □ Y	es 🗆	No
	s of perjury, I declare that I have exar i belief, it is true, correct, and complet							
la l	cuge							
Sign	Signature of officer 2018-05-04 Date							
١ ٥٠٠٥	JUSTIN SIDDLE TREASURER							
/ *	Type or print name and title	Dranavar's signature	Ir) at a	I In	TIN		
Paid	Print/Type preparer's name JULIE ROSENTHAL	Preparer's signature		oate 1018-05-14		TIN 00925848		
Preparer	Firm's name ► ROSEWOOD BUSINES	SS SOLUTIONS LLC	I		Firm's EIN ▶			
Jse Only	Firm's address ► 2797 CALIFORNIA HI	L RD			Phone no (716) 4	92-2606		
	DELEVAN, NY 14042	9646						
1ay the IRS di	scuss this return with the preparer sho	own above? See instruc	tions		•	☑ Yes	□No)

Additional Data

Software ID:

Software Version:

EIN: 16-1193221

Name: ARCADE AREA CHAMBER OF COMMERCE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by expens	gram service accomplishments for each of its three largest program ses. In a clear and concise manner, describe the services provided, the aid other relevant information for each program title.	(Required for section 5 (c)(3) and 501(c)(4 organizations; option for others.)		
28 ANNUAL DINNER-REGOGNITION AW APPROX 100-150 ATTENDEES	ARDS AND ANNUAL MEETING FOR MEMBERS AND COMMUNITY BUSINESSES	28a		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

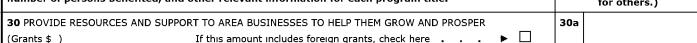
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29 29a FISHING DERBY, TRADE FAIR AND SOCIAL GATHERINGS-PERIODIC MEETINGS AT LOCAL BUSINESSES TO PROMOTE THEIR BUSINESS-TO BENEFIT ALL LOCAL BUSINESSES

If this amount includes foreign grants, check here \cdot \cdot \cdot \bullet

(Grants \$)

220 <u>22</u> , 222		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	`(c	Expenses uired for section 501)(3) and 501(c)(4) anizations; optional for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
KATHY PINTER FIRST V P	5 00	500		
LISA HOY DIRECTOR	1 00	0		
JACK WRIGHT SECOND V P	5 00	500		
MARIE SCHENK TREASURER	5 00	500		
JULIE TINGUE CHAMBER SERVICES DIRECTOR	12 00	21,429		
PEGGY AUSTIN DIRECTOR	1 00	0		
TONY BISCARO DIRECTOR	1 00	0		
DEBBIE DIXON DIRECTOR	1 00	0		
RAY PFEIFFER DIRECTOR	1 00	0		
NICHOLE STROMECKI DIRECTOR	1 00	0		
MATT GEORGE DIRECTOR	1 00	0		
BENJAMIN HALSEY DIRECTOR	1 00	0		
JUSTIN SIDDLE DIRECTOR	1 00	0		
TANYA SIDDLE DIRECTOR	1 00	0		
SARA MATTINGLY PRESIDENT	5 00	500		

orm 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees st each one even if not compensated — see the instructions for Part IV) neck if the organization used Schedule O to respond to any question in this Part IV								
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation				
TAMMY BURTON DIRECTOR	1 00	0						
AMANDA BRAY SECRETARY	1 00	0						
DAN HOFFMAN DIRECTOR	1 00	0						
KEN KIBLER DIRECTOR	1 00	0						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492134015118 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** ARCADE AREA CHAMBER OF COMMERCE INC 16-1193221 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on 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. (b) Event #2 (a)Event #1 (c)Other events (d) Total events TROUT DERBY **OTHERS** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 17,696 13,472 31,168 2 Less Contributions. 3 Gross income (line 1 minus 17,696 13,472 line 2) 31,168 4 Cash prizes 2,500 2,500 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 6,622 9,219 15,841 10 Direct expense summary Add lines 4 through 9 in column (d) 18,341 11 Net income summary Subtract line 10 from line 3, column (d) . . . 12,827 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	Y	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$ a the third party > \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	03		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				<u> </u>
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

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SCHEDUL	E 0	Sunnlament	al Informatio	on to Form 990 or 9	90 E7	OMB No 1545-0047
(Form 990 or EZ) Department of the To	990-	Complete to pro Form 990 o	upplemental Information to Form 990 or 990-E 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions in www.irs.qov/form990.			2017 Open to Public Inspection
Internal Revenue Ser Name of the org ARCADE AREA CHA		MMERCE INC			Employer iden 16-1193221	tification number
990 Schedule	e O, Supp	lemental Informatio	n			
Return Reference				Explanation		
Form 990EZ, Part I, Line 8	NEWSLET	TER ADVERTISING 285				
	-					

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, MISC INCOME 5 Part I, Line 8

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, OFFICE SUPPLIES 2156 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, DUES AND SUBSCRIPTIONS 120 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. ADVERTISING & PUBLIC RELATIONS 962 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PAYROLL CHARGES 801 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, WORKER'S COMP 258 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, COMPUTER EXPENSES 615 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, INSURANCE 655 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, TELEPHONE 1200 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PAYROLL TAXES 2279 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, TRAVEL/MEETING 326 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, SUPPLIES 298 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, CREDIT CARD FEES 666 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Depreciation 221 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, DIRECTOR'S COMPENSATION 2000 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, | EQUIPMENT, NET 331 110 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, GIFT CERTIFICATES PAYABLE 6823 6494 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PREPAID DUES 0 791 Part II, Line