

Form **990EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 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.  
 ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150  
**2020**  
**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C</b> Name of organization MT STERLING-MONTGOMERY COUNTY CHAMBER OF COMMERCE	<b>D</b> Employer identification number 20-2181847
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 124 NORTH MAYSVILLE STREET	<b>E</b> Telephone number (859) 498-5343
City or town, state or province, country, and ZIP or foreign postal code MT STERLING, KY 40353	<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [WWW.MTSTERLINGCHAMBER.COM](http://WWW.MTSTERLINGCHAMBER.COM)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other **501 (C)(6) EXEMPT ORGANIZATION**

**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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 144,366

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	1,414
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	58,000
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	59,235
	<b>4</b> Investment income . . . . .	<b>4</b>	9,550
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	13,166
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	18,592	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	-5,426	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	3,001	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	125,774	

<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	72,500
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	715
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	11,919
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	2,409
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	23,413
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	110,956
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	14,818
	<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .		<b>20</b>	0
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .		<b>21</b>	141,832

**Part II Statement of Assets and Liabilities** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	57,387	<b>22</b> 73,580
<b>23</b> Land and buildings . . . . .	159,835	<b>23</b> 155,822
<b>24</b> Other assets (describe in Schedule O) . . . . .	9,176	<b>24</b> 6,619
<b>25 Total assets</b> . . . . .	226,398	<b>25</b> 236,021
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	99,384	<b>26</b> 94,189
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	127,014	<b>27</b> 141,832

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?  
 THE MT. STERLING MONTGOMERY COUNTY CHAMBER OF COMMERCE HAS SPONSORED A NUMBER OF EVENTS OVER THE PAST YEARS. ALTHOUGH IT HAS EXPERIENCED GREAT SUCCESS WITH ALMOST ALL EVENTS, MOST OF THEM ARE NON-PROFIT AND ARE HELD AS A MEMBERSHIP BENEFIT. THE CHAMBER'S MISSION IS TO ADVANCE THE COMMERCIAL, AGRICULTURAL, INDUSTRIAL AND CIVIC INTERESTS OF MOUNT STERLING AND MONTGOMERY COUNTY, KY AND ITS TRADE AREA. THE CHAMBER SHALL BE NONPARTISAN, NONPROFIT, AND SHALL TAKE NO PART IN THE ELECTION OR APPOINTMENT OF ANY CANDIDATE FOR PUBLIC OFFICE.

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.

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and 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
SANDY ROMENESKO	35.00	13,250	0	0
EXECUTIVE DIR. (RETIRED 12/31/2020)				
JASON RAINEY	35.00	2,200	0	0
EXECUTIVE DIR. (EFFECTIVE 1/1/2021)				
REBECCA MORTON	1.00	0	0	0
PRESIDENT				
MARY JANE PETTIT	1.00	0	0	0
DIRECTOR				
LACY GAY	1.00	0	0	0
DIRECTOR				
CHRIS FOLLETT	1.00	0	0	0
DIRECTOR				
GARY HAMILTON	1.00	0	0	0
DIRECTOR				
DONNA AMBURGEY	1.00	0	0	0
DIRECTOR				
CHARLEY PASLEY	1.00	0	0	0
DIRECTOR				
TRACY SHROUT	1.00	0	0	0
DIRECTOR				
CHRIS COCKRELL	1.00	0	0	0
DIRECTOR				
BARRY FRAZIER	1.00	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

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
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.
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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 sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of JASON RAINEY EXECUTIVE DIRECTOR Telephone no. (859) 498-5343
Located at 124 NORTH MAYSVILLE STREET MT STERLING, KY ZIP + 4 40353

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) Organizations Only**  
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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

<b>Sign Here</b> Signature of officer ***** JASON RAINEY EXECUTIVE DIRECTOR Type or print name and title	2021-05-05 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOE KING	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00590265
	Firm's name ▶ FAULKNER KING & WENZ PSC			Firm's EIN ▶ 61-1038574	
	Firm's address ▶ PO BOX 285 MT STERLING, KY 40353			Phone no. (859) 498-1836	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2181847

**Name:** MT STERLING-MONTGOMERY COUNTY CHAMBER  
OF COMMERCE

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> THE CHAMBER'S MISSION IS TO ADVANCE THE COMMERCIAL, AGRICULTURAL, INDUSTRIAL AND CIVIC INTERESTS OF MOUNT STERLING AND MONTGOMERY COUNTY, KY AND ITS TRADE AREA. (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	0

## **TY 2020 Transfers Personal Benefits Contracts Declaration**

**Name:** MT STERLING-MONTGOMERY COUNTY CHAMBER  
OF COMMERCE

**EIN:** 20-2181847

**Declaration:** 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.



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FARM TO TABLE DINNER</b> (event type)	<b>GOLF TOURNAMENT</b> (event type)	<b>3</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	983	10,730	1,453	13,166
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	983	10,730	1,453	13,166
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			489	489
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	6,453	3,000	1,200	10,653
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .		6,180	1,270	7,450
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				18,592
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-5,426

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

MT STERLING-MONTGOMERY COUNTY CHAMBER  
OF COMMERCE

Employer identification number

20-2181847

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - RENTAL INCOME	KIND AND LOCATION OF PROPERTY: COMMERCIAL 124 NORTH MAYSVILLE ST.. AMOUNT: 9,550.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: INTEREST INCOME. AMOUNT: 141. DESCRIPTION: EDUCATION COMMITTEE INCOME. AMOUNT : 910. DESCRIPTION: INSURANCE FEE. AMOUNT: 1,950. TOTAL TO FORM 990-EZ, LINE 8: 3,001.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 14	DESCRIPTION: DEPRECIATION. AMOUNT: 4,013. DESCRIPTION: OTHER EXPENSES. AMOUNT: 7,906. TOTAL TO FORM 990-EZ, LINE 14: 11,919.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: ADVERTISING & PROMOTION. AMOUNT: 5,786. DESCRIPTION: AWARDS & SCHOLARSHIPS. AMOUNT: 250. DESCRIPTION: DUES & SUBSCRIPTIONS. AMOUNT: 777. DESCRIPTION: INSURANCE. AMOUNT : 746. DESCRIPTION: OTHER EXPENSES. AMOUNT: 5,297. DESCRIPTION: SUPPLIES. AMOUNT: 3,445. DESCRIPTION: PRINTER/COPIER LEASE. AMOUNT: 3,775. DESCRIPTION: WEBSITE/SOFTWARE. AMOUNT: 2,286. DESCRIPTION: EDUCATIONAL SEMINARS. AMOUNT: 1,051. TOTAL TO FORM 990-EZ, LINE 16: 23,413.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 9,165. END OF YEAR AMOUNT: 6,619. D DESCRIPTION: SALES TAX ACCRUAL. BEG. OF YEAR AMOUNT: 11. END OF YEAR AMOUNT: 0.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 198. END OF YEAR AMOUNT: 0. DESCRIPTION: CAPITAL LEASE - 124 NORTH MAYSVILLE STREET. BEG. OF YEAR AMOUNT: 99,186. END OF YEAR AMOUNT: 94,189.