efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492044004120 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization CHATHAM CHAMBER OF COMMERCE ☐ Address change 56-0500283 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 531 EAST THIRD STREET ☐ Final return/terminated (919) 742-3333 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return SILER CITY, NC 27344 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 ccucc NET **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 NON-PROFIT 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) 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 1 2 Program service revenue including government fees and contracts 2 39,639 3 Membership dues and assessments 92,296 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the 28,075 sum of such gross income and contributions exceeds \$15,000) 🖼 🕟 Less direct expenses from gaming and fundraising events 6с 6,150 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 21,925 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) C 7c 8 Other revenue (describe in Schedule O) 8 1,046 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 154,906 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 76,283 12 Salaries, other compensation, and employee benefits . 12 13 575 13 Professional fees and other payments to independent contractors 14 12,719 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 23,002 16 Other expenses (describe in Schedule O) 16 15,763 17 17 Total expenses. Add lines 10 through 16 128,342 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 26,564 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 185,223 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 211,787 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instructions	s for Part II)					rage =
	Check if the organization used Schedule		uestion in this	Part II			☑
				(A) B	eginning of year		(B) End of year
	avings, and investments				196,629	-	217,572
	d buildings				3,653	23	1,995
	ssets				200,282		219,567
	abilities (describe in Schedule O)		· · · · · ·		15,059	-	7,780
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		185,223	27	211,787
Part Ⅲ	Statement of Program Service	•			•	\prod_{r}	Expenses
M/hat is the	Check if the organization used Schedule	O to respond to any q	uestion in this	Part III	🗵		Required for section 501(c) and 501(c)
THE CHATH	organization's primary exempt purpose? AM CHAMBER OF COMMERCE IS A MEMBE						ganizations, optional for thers)
	CHATHAM COUNTY AND THE INCREASED					۰۱ ۵۰	ileis)
measured b	e organization's program service accomplisy expenses. In a clear and concise manne	r, describe the service	s three largest s provided, the	program number	of persons		
	nd other relevant information for each pro	ogram title				+	
28 See Additior	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ 🗆	288	a
29						29a	1
(Grants \$)	If this amoun	t ıncludes foreıgn gran	ts, check here		. ▶ □		
30						30a	1
					_		
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ ⊔		
31 Other pr	ogram services (describe in Schedule O)				<u>.</u> .		
(Grants \$)		t includes foreign gran			. ▶ ⊔	31a	
32 Total pr Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,					32	
Part IV	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.	inpensated — see the	• 111501	
	(-) No	(In) Assessed	l (-) D		(4) 1114	-6.4-	1/-> =
	(a) Name and title	(b) Average hours per week	(c) Report		(d) Health ben contributions to er		(e) Estimated amount ree of other compensation
		devoted to position	(Forms W-2, MISC) (if no	/1099-	benefit plans, deferred comper	and	, i
			enter -C		dererred comper	ISALIO	
DEBBIE AND	DLETON	5 00		0			0 0
MEMBERSHI	IP OFFICER						
JESSICA MA	SHBURN	5 00		0			0 0
BOARD CHA	JR						
LANA BRADI	LEY	5 00		0			0 0
TREASURER							
MARK HALL		5 00		0			0 0
DUBLIC ACE	AIRS OFFICER						
CINDY POIN		5 00		62,918			0 0
				,			
PRESIDENT/ MALISSA BY		1 00		0			0 0
	LNS	1 00		U			
DIRECTOR	ONICTA NITTNIC	1.00					
MICHAEL CC	DNSTANTINO	1 00		0			0
DIRECTOR							
AL DEVINE		1 00		0			0
DIRECTOR							
ROBERT ENI	DERS	1 00		0			0
DIRECTOR							
INDIRA EVE	RETT	1 00		0			0 0
DIRECTOR							
GEORGE GR	EGOR-HOLT	1 00		0			0 0
DIRECTOR							
BRYAN GRU	ESBECK	1 00		0			0 0
DIRECTOR							
PINECION		1	<u> </u>				Form 990-F7 (2018)

Form	990-EZ (2018)			Page 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	е	
	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
	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		
С	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
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		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee \mathbf{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			
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	40e		No
41	transaction? If "Yes," complete Form 8886-T	100		
42a	List the states with which a copy of this return is filed 🕨			
	e organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶	(919)	742-333	3
	Located at ▶ 531 EAST THIRD STREET_SILER CITY, NC ZIP + 4 ▶	27344	ı	
	217 + 4 P	2/34-		
			Yes	No No
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42b		No No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	720		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country		. .	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-	Did the average transmission and design advised founds down a black and 75 "Vas " Favor 000 months a considered material		Yes	<u>No</u>
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
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		No
С	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			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)	45b		
		•	'	

								Yes	
		anization engage, directly or indire for public office? If "Yes," complete			of or ın	opposition to			
					•		46		No
art		ction 501(c)(3) organization section 501(c)(3) organizations		ions 47- 49b and 52	2, and	complete the table	es for l	ines 50	and
	51. Che	ck if the organization used Schedul	e O to respond to any o	question in this Part VI				[]
								Yes	No
		anization engage in lobbying activit mplete Schedule C, Part II	ties or have a section 5	01(h) election in effect	during	g the tax year?	47		
8	Is the orga	nization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
l9a	Did the org	anızatıon make any transfers to an	exempt non-charitable	related organization?			49a		
b	If "Yes," w	as the related organization a section	n 527 organization? .				49b		
		his table for the organization's five					and key	employ	ees)
		eceived more than \$100,000 of cor e and title of each employee	(b) Average	ganization If there is r		thter "None " d) Health benefits,	(e) Es	timated	amour
		. ,	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to employee penefit plans, and erred compensation	of othe	er compe	ensatio
							1		
f	Total nun	nber of other employees paid over s	\$100,000			.			
51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
51	Complete t compensat	his table for the organization's five	highest compensated ir s none, enter "None "					0,000 of	
51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
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51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
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51	Complete t compensat	his table for the organization's five ion from the organization If there i	highest compensated ir s none, enter "None "						
51	Complete t	his table for the organization's five ion from the organization. If there is (a) Name and business address of	highest compensated in s none, enter "None " each independent contr	actor					
51	Complete t	his table for the organization's five ion from the organization If there i	highest compensated in s none, enter "None " each independent contr	actor					
d	Complete t compensat	his table for the organization's five ion from the organization. If there is (a) Name and business address of	highest compensated ir s none, enter "None " each independent contr peach independent contr peach receiving over	\$100,000 c)(3) organizations mu	(b) T	ype of service (c) Comp	ensation	
d d	Total nun Did the complete penalties oedge and be	his table for the organization's five ion from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? ed Schedule A	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000 c)(3) organizations mu	(b) T	ch a) Composition	ensation es	
d d	Total num Did the complete	his table for the organization's five ion from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? ed Schedule A	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000 c)(3) organizations mu	(b) T	ch a s and statements, and sed on all information) Composition	ensation es	
d 52 nder nowleas an	Total num Did the complete penalties of edge and by knowledge	his table for the organization's five ion from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? ed Schedule A	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000 c)(3) organizations mu	(b) T	ch a) Composition	ensation es	
d 62 nder nowled as an	Total num Did the completes of the complete services and bright services of the complete services of the compl	his table for the organization's five from the organization. If there is the conformation of the organization of the conformation of the conformat	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000 c)(3) organizations mu	(b) T	ch a s and statements, and sed on all information) Composition	ensation es	
d 52 nder nowleas an	Total num Did the completes of the complete services and bright services of the complete services of the compl	his table for the organization's five from the organization. If there is the conformation of the organization of the organization of the organization complete Schedule A? The organization complete Schedule A? The organization complete Schedule A	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000	(b) T	ch a	Yed to the of whice	ensation es	
d d 552 nder nowled as an lere	Total num Did the complete penalties of edge and both the wind the complete penalties of edge and both the complete the	his table for the organization's five from from the organization. If there is not from the organization is five from from the organization. If there is not for the organization completes schedule A? It is schedule A	highest compensated it is none, enter "None " each independent contr peach independent contr ors each receiving over NOTE. All section 501(\$100,000	(b) T	ch a	Yed to the of whice	ensation es	
d sign lere	Total num Did the complete sedge and being knowledge and bright sing the complete sedge sedg	instable for the organization's five from the organization. If there is the conformation of the organization is five and business address of the organization completes and contracted organization completes and complete and schedule and schedule and completes are in the organization completes and complete and completes are in the organization completes and completes are in the organization completes and completes are in the organization completes and completes are in the organization	highest compensated it is none, enter "None " each independent contr peach independent contr ors each receiving over NOTE. All section 501(\$100,000	(b) T	ch a ch a cha ched on all information 2020-02-03 Date Check if PTIN P0102 Firm's EIN > 26-0367	Yed to the of whice	ensation es	
d 52 nder nowle as an lere	Total num Did the complete penalties of edge and both the wind the complete penalties of edge and both the complete the	his table for the organization's five from from the organization. If there is not from the organization is five from from the organization. If there is not for the organization completes schedule A? It is schedule A	highest compensated it is none, enter "None " each independent contr pers each receiving over NOTE. All section 501(mined this return, include Declaration of prepa	\$100,000	(b) T	ch a	Yed to the of whice	ensation es	
d d 52	Total nun Did the complete penalties oedge and be	his table for the organization's five ion from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? ed Schedule A	highest compensated in some, enter "None " each independent control each receiving over nors each receiving over NOTE. All section 501(\$100,000 c)(3) organizations mu	(b) T	ch a s and statements, and sed on all information) Composition	ensation	<u> </u>
d der owles an	Total num Did the complete penalties of edge and both the wind the complete penalties of edge and both the complete the	his table for the organization's five from from the organization. If there is not from the organization is five from from the organization. If there is not for the organization completes schedule A? It is schedule A	highest compensated it is none, enter "None " each independent contr peach independent contr ors each receiving over NOTE. All section 501(\$100,000	(b) T	ch a	Yed to the of whice	ensation es	do my
d 52 nder nowled as an Paid Prep	Total num Did the complete sedge and being knowledge and bright sing the complete sedge sedg	instable for the organization's five from the organization. If there is the conformation of the organization is five and business address of the organization completes and contracted organization completes and complete and schedule and schedule and completes are in the organization completes and complete and completes are in the organization completes and completes are in the organization completes and completes are in the organization completes and completes are in the organization	highest compensated it is none, enter "None " each independent contr peach independent contr ors each receiving over NOTE. All section 501(\$100,000	(b) T	ch a ch a cha ched on all information 2020-02-03 Date Check if PTIN P0102 Firm's EIN > 26-0367	Yed to the of whice	ensation es	

Page **4**

Form 990-EZ (2018)

Additional Data

(Grants \$ 0)

Software ID:

Software Version: EIN: 56-0500283

Name: CHATHAM 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.	`(c	Expenses quired for section 501)(3) and 501(c)(4) anizations; optional for others.)
28 PROMOTE MEMBERS BUSINESSES THROUGH BUSINESS ADVOCACY 2	28a	0

If this amount includes foreign grants, check here \ldots \blacktriangleright

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492044004120 TY 2018 Transfers Personal Benefits **Contracts Declaration** Name: CHATHAM CHAMBER OF COMMERCE **EIN:** 56-0500283 **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.

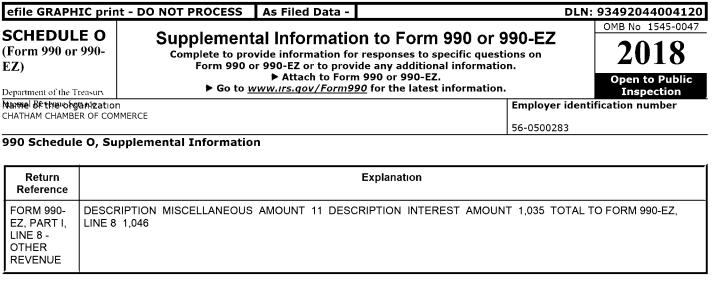
DLN: 93492044004120 OMB No 1545-0047 **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 2018 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information

Inspection Employer identification number

	ne of the organization	_					Employer ide	entification number
СПА	THAM CHAMBER OF COMMERCE	=					56-0500283	
Pa	Fundraising Activi	•	_		answered "Yes" on Fo	orm 990,	Part IV, line :	17.
1	Indicate whether the organiza	ation raised funds th	nrough an	y of the fo	ollowing activities Check	all that a	pply	
a Mail solicitations e S					Solicitation of nor	n-governm	ent grants	
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g Special fundraising events								
d	☐ In-person solicitations							
2a	Did the organization have a wor key employees listed in For							es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$5			ndraisers)	pursuant to agreements	s under wh	nich the fundrais	ser is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) liser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Tota	al			•				
	List all states in which the organ	nization is registere	d or licen	sed to sol	icit contributions or has l	been notifi	ed it is exempt	from registration or

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	inization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganization 🕨 \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		uted to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018



Return Explanation

990 Schedule O, Supplemental Information

Deference

Reference	
FORM 990- EZ, PART I,	DESCRIPTION DEPRECIATION AMOUNT 1,658 DESCRIPTION OTHER EXPENSES AMOUNT 11,061 TOTAL TO FORM 990-EZ, LINE 14 12,719
LINE 14	

990 Schedule O, Supplemental Information

Return Reference	Explanation
LINE 16 -	DESCRIPTION BANK CHARGES AMOUNT 1,299 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1,0 25 DESCRIPTION INSURANCE AMOUNT 1,735 DESCRIPTION MISCELLANEOUS AMOUNT 925 DESCRI PTION TRAVEL EXPENSES AMOUNT 3,142 DESCRIPTION COMPUTER DESIGN AND MAINTENANCE AMOUN T 107 DESCRIPTION EMPLOYER PAYROLL TAXES AMOUNT 6,120 DESCRIPTION STAFF DEVELOPMENT AMOUNT 1,410 TOTAL TO FORM 990-EZ, LINE 16 15,763

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990- EZ, PART II,	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,653 END OF YEAR AMOUNT 1,995
LINE 24 -	
OTHER	
ASSETS	

990 Schedule O, Supplemental Information Return Explanation

Deference

Reference	
FORM 990-	DESCRIPTION WITHHELD & ACCRUED PAYROLL TAXES & ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,6
EZ, PART II,	72 END OF YEAR AMOUNT 2,431 DESCRIPTION UNEARNED REVENUE BEG OF YEAR AMOUNT 10,231
LINE 26 -	END OF YEAR AMOUNT 4,480 DESCRIPTION NOTE PAYABLE - XEROX BEG OF YEAR AMOUNT 2,156
OTHER	END OF YEAR AMOUNT 869
LIABILITIES	