

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization: JACKSON ROTARY CLUB. Number and street: PO BOX 1882. City or town: JACKSON, TN 38305

D Employer identification number: 62-0249255. Telephone number: (731) 668-1688. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other

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

I Website: PORTAL CLUBRUNNER CA/1783

J Tax-exempt status: 501(c)(4) (checked)

K Form of organization: Corporation (checked), Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$ 112,734

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 72,065, 62, 40,607, 112,734, 100,663, 12,071, 53,913, 0, 65,984.

**Part II Balance Sheets** (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 . . . . .   | 54,161                | <b>22</b> | 66,242          |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b> |                 |
| <b>25 Total assets</b> . . . . .   | 54,161                | <b>25</b> | 66,242          |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 248                   | <b>26</b> | 258             |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 53,913                | <b>27</b> | 65,984          |

**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?

CIVIC CLUB

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><br>See Additional Data Table  |            |        |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>28a</b> |        |
| <b>29</b>   |            |        |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>29a</b> |        |
| <b>30</b>   |            |        |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>30a</b> |        |
| <b>31</b> Other program services (describe in Schedule O)<br>(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>  | 92,030 |

**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 |
|--------------------------------------|--|--|---|--|
| SCOTT CONGER<br>PRESIDENT            | 1 00   | 0  | 0   | 0  |
| KATIE PACE<br>PRESIDENT-ELECT        | 1 00   | 0  | 0   | 0  |
| DAVE BRATCHER<br>1ST VICE PRESIDENT  | 1 00   | 0  | 0   | 0  |
| GINA MYRACLE<br>PAST PRESIDENT       | 1 00   | 0  | 0   | 0  |
| THOMAS LAUD<br>SECRETARY             | 5 00   | 0  | 0   | 0  |
| MOLLY BOYD<br>EXECUTIVE SECRETARY    | 20 00  | 0  | 0   | 0  |
| FRANK MCMEEN<br>DIRECTOR             | 1 00   | 0  | 0   | 0  |
| TODD SWIMS<br>DIRECTOR               | 1 00   | 0  | 0   | 0  |
| GREG ALEXANDER<br>2ND VICE PRESIDENT | 1 00   | 0  | 0   | 0  |
| GARY MARTIN<br>TREASURER             | 1 00   | 0  | 0   | 0  |
| RYAN PORTER<br>DIRECTOR              | 1 00   | 0  | 0   | 0  |
| HARBERT ALEXANDER<br>DIRECTOR        | 1 00   | 0  | 0   | 0  |

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 . . . . .

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 Yes 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 . . . . . 34 Yes 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 Yes 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 Yes No
c 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 Yes 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 Yes No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . 37a 0
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 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 Yes No
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b
39 Section 501(c)(7) organizations Enter . . . . .
a Initiation fees and capital contributions included on line 9 . . . . . 39a
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 Yes No
c 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 . . . . . 0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . 0
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 Yes No
41 List the states with which a copy of this return is filed . . . . .
42a The organization's books are in care of . . . . . Telephone no . . . . .
Located at . . . . . ZIP + 4 . . . . .
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
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)
c At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . . 42c Yes 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 . . . . . 43
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 Yes 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 Yes No
c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c Yes 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 Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a Yes 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 No

Yes No

46 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

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes, 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

Yes No

47 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

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes, No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes, No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes, No

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"

Table with 5 columns: (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"

Table with 3 columns: (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.

Sign Here: Signature of officer (\*\*\*\*\*), Date (2016-10-05), Type or print name and title (THOMAS L AUD SECRETARY)

Paid Preparer Use Only: Preparer's name (ANITA C HAMILTON CPA), Date (2016-09-26), Firm's name (HORNE LLP), Firm's address (26 SECURITY DRIVE JACKSON, TN 38305), Firm's EIN (20-1941244), Phone no (731) 668-7070

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 62-0249255  
**Name:** JACKSON ROTARY CLUB

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

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.   | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |        |
|---|--|--------|
| SUPPORT FOR YOUTH TOWN OF TENNESSEE THROUGH MEMBER ASSESSMENTS AND<br><b>28</b> CONTRIBUTIONS ROTARY CLASSIC GOLF TOURNAMENT TO RAISE MONEY FOR YOUTH TOWN<br>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>                        | <b>28a</b>   | 5,135  |
| LOCAL SCHOLARSHIPS FOR COLLEGE AND CONTRIBUTIONS TO LOCAL AND INTERNATIONAL<br><b>29</b> PROJECTS AND ORGANIZATIONS<br>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>   | <b>29a</b>   | 29,200 |
| <b>30</b> PARTICIPATION IN DISTRICT EVENTS<br>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>  | <b>30a</b>   | 10,011 |
| WEEKLY MEETINGS WITH INFORMATIVE PROGRAMS STUDENTS FROM ALL 9 LOCAL HIGH<br>SCHOOLS ATTEND CLUB MEETINGS AT YEAR END, ONE STUDENT FROM EACH HIGH SCHOOL<br>RECEIVES A SCHOLARSHIP<br>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span> |  | 47,684 |

## TY 2015 Transfers Personal Benefits Contracts Declaration

**Name:** JACKSON ROTARY CLUB

**EIN:** 62-0249255

**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.

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JACKSON ROTARY CLUB

Employer identification number

62-0249255

**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.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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

**b** 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 or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| 1   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| <b>Total</b>  |               |  |    |                                   |  |   |

**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

**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.

|   |   | (a)Event #1<br><b>ANNUAL PLEDGE DRIVE</b><br>(event type) | (b)Event #2<br><b>ROTARY CLASSIC</b><br>(event type) | (c)Other events<br><b>1</b><br>(total number) | (d)<br>Total events<br>(add col (a) through col (c)) |
|---|---|---|--|---|--|
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .                     | 16,553  | 23,684   | 370   | 40,607   |
|   | <b>2</b> Less Contributions . . . . .                 |   |  |   |  |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . . | 16,553  | 23,684   | 370   | 40,607   |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .                        |   |  |   |  |
|   | <b>5</b> Noncash prizes . . . . .                     |   |  |   |  |
|   | <b>6</b> Rent/facility costs . . . . .                |   |  |   |  |
|   | <b>7</b> Food and beverages . . . . .                 |   |  |   |  |
|   | <b>8</b> Entertainment . . . . .                      |   |  |   |  |
|   | <b>9</b> Other direct expenses . . . . .              |   |  |   |  |
| <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |   |   |  |   |  |
| <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |   |   |  |   | 40,607   |

**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.

|   |  | (a)Bingo   | (b)Pull tabs/Instant bingo/progressive bingo                       | (c)Other gaming | (d)<br>Total gaming (add col (a) through col (c)) |
|---|--|--|--|-----------------|---|
| <b>Revenue</b>  | <b>1</b> Gross revenue . . . . .                                   |  |  |                 |   |
| <b>Direct Expenses</b>  | <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 .....%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....%<br><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>b</b> | An outside facility         |  | % |

**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 complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Department of the Treasury  
Internal Revenue Service

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
JACKSON ROTARY CLUB

**Employer identification number**

62-0249255

**990 Schedule O, Supplemental Information**

| Return Reference                                      | Explanation  |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST AMOUNT 62   |
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES         | DESCRIPTION DIRECT MEETINGS AND DUES AMOUNT 11,322 DESCRIPTION WEEKLY MEETING & PROGR AM EXPENSE AMOUNT 52,939 DESCRIPTION INSURANCE AMOUNT 257 DESCRIPTION PAYROLL TAXE S AMOUNT 940 DESCRIPTION SUPPLIES AMOUNT 644 DESCRIPTION CONTRIBUTIONS AMOUNT 25 ,335 DESCRIPTION SCHOLARSHIPS AMOUNT 9,000 TOTAL TO FORM 990-EZ, LINE 16 100,437 |
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES     | DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 248 END OF YEAR AMOUNT 258  |