efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492124012098 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 10-01-2016 and ending 09-30-2017 B Check if applicable C Name of organization D Employer identification number Wyoming Economic Development Assn ☐ Address change %Alıgn 83-0297842 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 1401 Airport Parkway No 300 ☐ Final return/terminated (307) 772-9002 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Cheyenne, WY 820011543 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: ►Wyomingeda 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 67,768 2 2 Program service revenue including government fees and contracts 35,095 3 Membership dues and assessments 3 33,295 4 4 5a Gross amount from sale of assets other than inventory 5b b 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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 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) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 136,159 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 60,806 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 75 16 Other expenses (describe in Schedule O) 16 48.697 17 Total expenses. Add lines 10 through 16 17 109,578 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 26,581 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 52,692 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 79,273 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instruction			Davit II			
	Check if the organization used Schedu	ie O to respond to any o	question in this				· · · · · · · · · · · · · · · · · · ·
22 Cach .ca	vings, and investments			(А) В	eginning of year 52,868	22	(B) End of year 79,273
	d buildings				32,000	23	79,273
	sets (describe in Schedule O)					24	
25 Total as	,				52,868	25	79,273
26 Total lia	abilities (describe in Schedule O)				175	26	0
27 Net ass	ets or fund balances (line 27 of colum	nn (B) must agree with	line 21)		52,693	27	79,273
Part III	Statement of Program Service	Accomplishments	(see the instruct	ons for Pa	rt III)		Expenses
	Check if the organization used Schedu		question in this	Part III	🗵		equired for section 501(c)) and 501(c)(4)
	organization's primary exempt purpose ership and support to foster economic o		a				ganizations, optional for
Describe the measured b benefited, a	e organization's program service accomp y expenses In a clear and concise mann nd other relevant information for each p	olishments for each of its ner, describe the service	s three largest			oth	ners)
28 See Additior	nal Data Table						
(Grants \$)	If this amou	ınt ıncludes foreıgn grar	nts check here		▶ □	28a	
29	II tills afflot	inc includes foreign gran	its, thete here	• •	. <i>,</i> .	29a	
(Grants \$)	If this amou	ınt ıncludes foreign grar	nts check here		. ▶ □		
30	Ti tills alliot	Includes foreign gran	its, thete here	• •	· • -	30a	
30						30a	
(C	TE 11				. □		
(Grants \$)		ınt ıncludes foreıgn grar		• •	. 🕨 🗆		
•	ogram services (describe in Schedule O	•					
(Grants \$)		ınt ıncludes foreign grar	•			31a	
Part IV	ogram service expenses (add lines 2 List of Officers, Directors, Trustees				mnensated — see the	32	
Paicty	Check if the organization used Schedu						
		1	1		1		1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no	ation /1099- o t paid,	(d) Health bend contributions to en benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
Dave Sımon	sen	1 00	enter -(0			0 0
Board Memb	per						
Noelle Reed		1 00		0			0 0
Board Memb	per						
Anja Bendel	·	1 00		0			0 0
-							
Board Memb Ashley Harp		2 00		0			0 0
Asniey Harp	streitn	2 00		U			0
Secretary							
Robert Brigg	gs	3 00		0			0
President							
Josh Boudre	au	1 00		0			0 0
Board Memb	ner						
Christine Be		2 00		0			0 0
				_			
Vice Preside		2.00					
John Marsha	ill	2 00		0			0
Treasurer							
Sharon Fain		1 00		0			0
Board Memb	per						
			<u></u>				
							- 222 :

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .	<u></u>	⊻	
		-	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
h	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		-110
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	35c	Yes	
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	165	No
37 2	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		110
	Did the organization file Form 1120-POL for this year?	<u> </u>		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	375		
50 4	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	304		
39	Section 501(c)(7) organizations Enter	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	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			
е	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			
	The organization's books are in care of ▶ Bill Benskin WEDA Coordinator Telephone no ▶	(307) 7	72-900	2
	Located at ▶ 1401 Airport Parkway Suite 300 Cheyenne, WY ZIP + 4	8250	11543	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ı		
	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			
	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			
	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
	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
	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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	Ĭ		
	Form 990-EZ (see instructions)	45b		

								Yes	No
6 Did the o	rganization engage, directly or indirects for public office? If "Yes," complete	tly, in political campaid	n activities on behalf						
				•	• •	•	46		No
AI	ection 501(c)(3) organization I section 501(c)(3) organizations leck if the organization used Schedule	must answer quest	ons 47-49b and 52 Juestion in this Part VI	and o	omplete t	he table	s for li	nes 50	and 5 □
	<u> </u>	· · ·						Yes	No
7 Did the o	rganization engage in lobbying activit	ies or have a section 50	01(h) election in effec	t durına	the tax vea	ır?			
	complete Schedule C, Part II		· · · · · · ·		· · ·		47		
8 Is the org	anization a school as described in sec	ction 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E			48		
9a Did the o	ganization make any transfers to an	exempt non-charitable	related organization?				49a		
b If "Yes,"	was the related organization a section	527 organization? .					49b		
	this table for the organization's five I						and key	employ	ees)
	received more than \$100,000 of com ne and title of each employee	(b) Average	(c) Reportable) Health be		(e) Es	tımated	amour
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	butions to e enefit plans erred compe	, and	of other	er comp	ensatio ———
							1		
f Total nu	ımber of other employees paid over \$	100,000				-			
1 Complete	imber of other employees paid over \$ this table for the organization's five lation from the organization. If there is	highest compensated in		· ·	· · ·	►d more th	nan \$10	0,000 o	 f
1 Complete	this table for the organization's five l	highest compensated ir s none, enter "None "			ach receive			0,000 o	
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
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1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete	this table for the organization's five lation from the organization. If there is	highest compensated ir s none, enter "None "							
1 Complete compensa	this table for the organization's five lation from the organization. If there is	highest compensated in s none, enter "None " each independent contr	actor						
d Total nu	this table for the organization's five ation from the organization. If there is (a) Name and business address of each of the contract of the c	highest compensated in sinone, enter "None " each independent control each independent control each receiving over the seach receiving over the se	\$100,000	(b) To	rpe of servi	ce (c) Comp	ensation	
d Total nu	this table for the organization's five lation from the organization. If there is (a) Name and business address of e	highest compensated in sinone, enter "None " each independent control each independent control each receiving over the seach receiving over the se	\$100,000	(b) To	rpe of servi	ce (c) Comp		
d Total nu Did the complex of the c	this table for the organization's five lation from the organization. If there is (a) Name and business address of each of the state of	rs each receiving over	\$100,000	(b) To	rpe of servi	ents, and) Comp	ensation es	
d Total nu Did the complete compensation of the complete	this table for the organization's five lation from the organization. If there is (a) Name and business address of experiments of the experiments	rs each receiving over	\$100,000	(b) To	rpe of servi	ents, and) Comp	ensation es	
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d Total nuclear complete compensations of the compensations of the complete	this table for the organization's five action from the organization. If there is (a) Name and business address of example of other independent contractors organization complete Schedule A? It declares that I have example of perjury, I declare that I have example of perjury.	rs each receiving over	\$100,000	ust atta		ee (c	Yed to the of whice	ensation es	
d Total nu 2 Did the complete	this table for the organization's five lation from the organization. If there is (a) Name and business address of elements of the contractor of the contractor organization complete. Schedule A? It is true, correct, and complete delege, it is true, correct, and complete delege organization of perjury, I declare that I have example the contractor of perjury and I declare that I have example the contractor of perjury and I declare that I have example the contractor of perjury and I declare the	rs each receiving over NOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	ch a and statemed on all info	ee (c	Yed to the of whice	ensation es	
d Total nu 2 Did the complex nowledge and as any knowledge ign lere	this table for the organization's five lation from the organization. If there is (a) Name and business address of experiments of other independent contractors organization complete. Schedule A? It ted Schedule A	rs each receiving over NOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	ch a	ee (c	Yed to the of whice	ensation es	
d Total nu 2 Did the complex and knowledge and as any knowledge and as a any knowledge and as a any knowledge and a any knowledge any knowledge and a any knowledge an	into the organization of the ention from the organization. If there is the taken of the ention from the organization of the ention of the ention of the ention of perjury, I declare that I have exampled the entire of the entire	rs each receiving over NOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	ch a	ee (c	Yed to the of whice	ensation es	

Additional Data

Software ID:

Software Version:

EIN: 83-0297842

Name: Wyoming Economic Development Assn

%Alıgn

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

Describe the organization services, as measured by number of persons benefi	`(c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	nent statewide Be available to provide information and ideas to any business that may iness to the state or existing business that may be considering expantion	28a	0	
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492124012098 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: Wyoming Economic Development Assn %Alian **EIN:** 83-0297842

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.

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93492124012098

Open to Public

SCHEDULE C (Form 990 or 990-

EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990. Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

f the	Section 501(c) (other than section 5 Section 527 organizations Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tas), then	ts I-A and C below 990-EZ, Part VI, Iin section 501(h)) Coi inder section 501(h)	e 47 (Lobby mplete Part I) Complete	ing Activiti I-A Do not Part II-B Do	es), comp o not	olete Part II-E . complete Pa	art II-A
	me of the organization	zations complete i art in		Er	nployer ide	entif	ication num	ıber
	oming Economic Development Assn Klign			0.5	3-0297842			
	-	nization is exempt under section	on 501(c) or is			niza	tion.	
1 2 3	-	nization's direct and indirect political ca			>	\$ _		16,993
Par	rt I=B Complete if the orga	nization is exempt under secti	on 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under s	section 4955		>	\$_		
2	Enter the amount of any excise to	ax incurred by organization managers i	under section 4955		>	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV							
Par	rt I-C Complete if the orga	nization is exempt under secti	on 501(c), exce	pt section	501(c)(3	3).		
1	Enter the amount directly expend	led by the filing organization for section	n 527 exempt functi	on activities	>	\$_		
2	Enter the amount of the filing org function activities	anization's funds contributed to other	organizations for se	ction 527 exe	empt ▶	\$_		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and c	on Form 1120-POL,	lıne 17b	>	\$		
4	Did the filing organization fileFor	m 1120-POL for this year?					☐ Yes	 □ No
5	organization made payments For of political contributions received	employer identification number (EIN) or reach organization listed, enter the am that were promptly and directly delive ee (PAC) If additional space is needed	nount paid from the red to a separate po	filing organiz olitical organi	zation's fund	ds Al	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing org funds If r	nt paid from anization's none, enter 0-		(e) Amount of contributions and promp directly delived separate programments.	received otly and vered to a political If none,
(1) \	Wyoming Economic Development Assn	1401 Airport Parkway Suite 300 Cheyenne, WY 820011543	83-0297842					
2								
3								
1								
5								
5								
or F	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule (: (For	m 990 or 990	0-F7) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Part II-B, Line 1

Paid Lobbyist

(b)

For e	ach "Yes" response on lines 1a through	11 below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
actıvı			Yes	No	A	moun	it
1		ition attempt to influence foreign, national, state or local legislation, ilic opinion on a legislative matter or referendum, through the use of					
а	Volunteers?						
b		npensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?	,					
d	Mailings to members, legislators, or the	e public?					
е	Publications, or published or broadcast	·					
f	Grants to other organizations for lobby	/ing purposes?					
q	Direct contact with legislators, their sta	affs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, con	iventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a		ganization to be not described in section 501(c)(3)?					
ь	If "Yes," enter the amount of any tax ii	ncurred under section 4912					
С	If "Yes," enter the amount of any tax i	ncurred by organization managers under section 4912					
d		tion 4912 tax, did it file Form 4720 for this year?					
Par	-	ization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on 5	01 (c)
	(6).					Yes	No
1	Were substantially all (90% or more) of	dues received nondeductible by members?		Г	1		No
2	Did the organization make only in-hou:	se lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry ove	er lobbying and political expenditures from the prior year?			3	Yes	
Par		ization is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part				01(c)(6)
1	Dues, assessments and similar amount	ts from members	1			1	10,200
2	Section 162(e) nondeductible lobbying expenses for which the section 527	and political expenditures (do not include amounts of political 7(f) tax was paid).					
a	Current year		2a				16,993
b	Carryover from last year		2b				21,418
С	Total		2c				38,411
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				10,200
4		n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political	4			1	17,502
5	Taxable amount of lobbying and politic	cal expenditures (see instructions)	5				17,502
Pā	art IV Supplemental Informa	· · · · · · · · · · · · · · · · · · ·					
		A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), nplete this part for any additional information	Part II-	A, lines	1 and	d 2 (se	:e
	Return Reference	Explanation					
Part 1	Wyor Econ	slative Reception during the Legislature session. All State Legislators are ming Econcomic Development Assn pays for all of the food and the room iomic Development helps develope issues pertaining Economic Development they also hire a lobbyist during the legislative session	for the	receptio	n Th	ie Wyd	ming

efile GRAPH	l: 93492124012098			
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to see Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ Information about Schedule O (Form 990 or 990-EZ)	rmation for responses to specific questions on Zor to provide any additional information. ach to Form 990 or 990-EZ. le O (Form 990 or 990-EZ) and its instructions is at		
%Álign	anization Development Assn O, Supplemental Information Explanation	Employer iden 83-0297842	tification number	
Form 990- EZ, Part I, Line 4 - Other Investment Income	Description Interest Amount 1			

990 Schedule O, Supplemental Information

Return

Expenses

48697

Return Reference	Explanation
Form 990-	Description Bank/Credit Card Fees Amount 1248 Description Advertising & Promotion Am
EZ, Part I,	ount 340 Description Lobbying Expense Amount 16993 Description Travel Expense Amou
Line 16	nt 1125 Description Training/Mosting Expanse Amount 23563 Description Licenses/Incl.

EZ, Part I, Line 16 -Int 1125 Description Training/Meeting Expense Amount 23563 Description Licenses/insu rance Amount 665 Description Scholarships Amount 4763 Total to Form 990-EZ. line 16 Other