

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 the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
NOGALES CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
123 W KINO PARK WAY

City or town, state or province, country, and ZIP or foreign postal code  
NOGALES, AZ 85621

**D** Employer identification number  
86-0042095

**E** Telephone number

**F** 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: ▶ INFO@THENOGALESCHAMBER.ORG

**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

**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. ▶ \$ 113,958

## 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.

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	1,500
2	Program service revenue including government fees and contracts	54,934
3	Membership dues and assessments	54,409
4	Investment income	1
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	1,132
6c	Less direct expenses from gaming and fundraising events	391
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	741
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	1,982
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	113,567
10	Grants and similar amounts paid (list in Schedule O)	830
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	14,789
13	Professional fees and other payments to independent contractors	37,190
14	Occupancy, rent, utilities, and maintenance	6,433
15	Printing, publications, postage, and shipping	1,101
16	Other expenses (describe in Schedule O)	45,828
17	<b>Total expenses.</b> Add lines 10 through 16	106,171
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	7,396
19	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)	57,974
20	Other changes in net assets or fund balances (explain in Schedule O)	-2,992
21	Net assets or fund balances at end of year. Combine lines 18 through 20	62,378

**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 . . . . .	15,368	<b>22</b>	15,846
<b>23</b> Land and buildings . . . . .	42,218	<b>23</b>	41,979
<b>24</b> Other assets (describe in Schedule O) . . . . .	18,633	<b>24</b>	20,575
<b>25 Total assets</b> . . . . .	76,219	<b>25</b>	78,400
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	18,245	<b>26</b>	16,022
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	57,974	<b>27</b>	62,378

**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

What is the organization's primary exempt purpose?  
 SEE SCHEDULE O

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 )

<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> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b> See Additional Data Table			
(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) . . . . .			
(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>	62,730

**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
OLIVIA AINZA PRESIDENT CEO	2 00	23,129	0	0
ARNOLD QUIJADA CHAIRMAN OF THE BOARD	1 00	0	0	0
ABELARDO DURAN SECRETARY	2 00	0	0	0
SUZETTE MORENO TREASURER	2 00	0	0	0
ABRAHAM SNEED BOARD MEMBER	1 00	0	0	0
CESAR PARADA BOARD MEMBER	1 00	0	0	0
GREG LUCERO GOVERNMENT AFFAIRS CMTTEE CHAIRMAN	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 . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of OLIVIA AINZA Telephone no (520) 287-3685
Located at 123 W KINO PARK WAY NOGALES, AZ ZIP + 4 85621

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<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	2019-05-13 Date
OLIVIA AINZA CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Aleatha Moyer EA MSA	Preparer's signature	Date 2019-05-10	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00756268
Firm's name ▶ AM Tax and Accounting LLC			Firm's EIN ▶ 27-0820460		
Firm's address ▶ 1147 W Frontage Road Suite 2 Rio Rico, AZ 85648			Phone no (520) 281-2829		

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0042095

**Name:** NOGALES CHAMBER OF COMMERCE INC

### 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.)	
<b>28</b> SEE SCHEDULE O (Grants \$ ) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	4,411

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

<p><b>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></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b> SEE SCHEDULE O (Grants \$ 54,199)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p style="text-align: right;">57,489</p>

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

<p><b>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></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30</b>  DONATIONS GIVEN TO OTHER NON PROFIT ORGANIZATIONS SUCH AS ROTARY SCHOLARSHIPS TO NOGALES HIGH SCHOOL STUDENTS  (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	<p style="text-align: right;">830</p>

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NOGALES CHAMBER OF COMMERCE INC

Employer identification number  
86-0042095

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<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) . . . . . ▶				

**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 \_\_\_\_\_

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

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

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- 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

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
NOGALES CHAMBER OF COMMERCE INC

Employer identification number  
86-0042095

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
General explanation attachment	<p>PART III PRIMARY EXEMPT PURPOSE THE CHAMBER OF COMMERCE IS A MEMBERSHIP ORGANIZATION WHOSE PURPOSE IS THE ADVANCEMENT OF ECONOMIC, INDUSTRIAL, PROFESSIONAL, CULTURAL AND CIVIC WELFARE OF THE NOGALES AND SANTA CRUZ COUNTY AREAS PART III LINE 28 ACCOMPLISHMENTS THE NOGALES SCC CHAMBER OF COMMERCE ENCOURAGES THE GROWTH OF EXISTING BUSINESS AND INDUSTRIES THROUGH ITS DIVERSE BUSINESS PROGRAMS AND GLOBAL RESOURCES BUSINESS PROGRAMS INCLUDE INTERNSHIP AT THE CHAMBER, MONTHLY GOVERNMENT AFFAIR MEETINGS, AND BUSINESS MIXERS THE CHAMBER IS VERY ACTIVE IN PROMOTING MEMBERS AND COMMUNITY EVENTS THROUGH SOCIAL MEDIA EXAMPLES OF PROGRAMS FOR 2016 INCLUDE LETS PUT NOGALES ON THE MAP, ARIZONA AT WORK, THE AGRICULTURAL TRADE FARE, SMALL BUSINESS WEEK AND NONPROFIT TRAINING WORKSHOPS THE CHAMBER RECOGNIZES THE VALUE OF LONG-TERM INVESTMENT IN EDUCATION, AND SUPPORTS EDUCATION REFORM AT THE LOCAL, STATE AND FEDERAL LEVEL THE CHAMBER WORKS TO IMPROVE PERSISTENCE ATTRIBUTES, SCHOOL OUTCOMES, AND CAREER ATTAINMENT PART III LINE 29 THE CHAMBER IS ACTIVELY ENGAGED IN THE DEVELOPMENT OF INCOMING CORPORATIONS, INNOVATIVE START-UPS, AND CREATIVE INDIVIDUALS SEEKING TO RELOCATE IN THE SANTA CRUZ COUNTY AREA THE CHAMBER HOSTS THE NOGALES TOURISM CENTER CHAMBER MEMBERS PROMOTE COMMUNITY EVENTS SUCH AS THE CHILDRENS HEALTH FAIR, PARKS AND RECREATION YOUTH SUMMER PROGRAMS, AND DIA DE LOS MUERTOS THE CHAMBER RESPONDS TO QUESTIONS ABOUT NOGALES AND SANTA CRUZ THROUGH SOCIAL MEDIA, PHONE AND MAILING KITS THE CHAMBER MEMBERSHIP IS BI-NATIONAL AND INCLUDES 350 MEMBERS OF SMALL BUSINESSES, ENTREPRENEURS, AND BILLION DOLLAR MAQUILADORAS IN SANTA CRUZ COUNTY, AND NOGALES, SONORA</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other revenue Part I line 8	DESCRIPTION AMOUNT RENTAL OF CONFERENCE ROOM 900 MISC REVENUE 1,082

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
List of grants and similar amounts paid Part I line 10	ACTIVITY CONTRIBUTIONS TO OTHER ORGANIZATIONS RELATIONSHIP NONE AMOUNT 430 ACTIVITY SCHOLARSHIPS RELATIONSHIP NONE AMOUNT 400

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other expenses Part I line 16	DESCRIPTION AMOUNT DEPRECIATION FROM 4562 694 ADVERTISING & PROMOTION 27,944 GAS AND MILEAGE ALLOWANCES 2,620 BANK CHARGES 89 DUES AND SUBSCRIPTION 1,398 GIFTS 1,538 INSURANCE 938 INTEREST EXPENSE 384 LATE FEES 6 MEALS AND ENTERTAINMENT 3,462 MEETING, CONFERENCE EXPENSES 100 LICENS ES 10 PROFESSIONAL DEVELOPMENT 600 REAL ESTATE TAXES 69 SUPPLIES 4,001 TELEPHONE 540 TRAVEL 413 VOLUNTEER MEALS 583 MISC 21 NONCAPITALIZED IMPROVEMENTS 421 ROUNDING (3)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNT PRIOR PERIOD ADJUSTMENT (2,992) MEMBERSHIP DUES WERE OVERREPORTED FOR 2017 IN THE AMOUNT OF \$2,350 00 PRIOR PERIOD ADJUSTMENTS BOOK ADJUSTMENTS OF \$442 00

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS RECEIVABLE 17,987 18,701EQUIPMENT AND FIXTURES 645 1,874ROUNDING 1 0



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARNOTE PAYABLE 8,884 3,327ACCOUNTS PAYABLE 7,810 12,611PAYROLL PAYABLE 1,551 84