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2015 Tax Return(s)

Prepared for ROTARY CLUB OF WEST EL PASO
CLIENT CODE: 27586

Account Number 710554
Release Number 2015.04020

Prepared by SCHMID, BROADDUS, NUGENT & GANO, P.C.
221 N KANSAS, SUITE 1300
EL PASO, TX
79901

(915) 544-6770

Processing Date: 09/16/2016
Time: 13:24:16

**Special
Instructions**

Messages

Return Information

INFORMATIONAL

Form: 990-EZ Pg 1

- Form 990-EZ, Part I, line 10. One or more entries have been made on Interview Form EZ-2 for the grants and allocations supporting statements. These supporting statements will no longer include the name and address of any 'individuals.' This is according to the official IRS instructions for Form 990-EZ. (33370)

Form: 990-EZ Pg 2

- Form 990-EZ. No entry has been made on Interview Form EZ-8, Box 97, to complete the personal benefit contract statement. Consequently, this statement has been produced with both questions answered as "No" indicating that the organization did not participate in any transactions involving personal benefit contracts. If this is not correct, or to suppress the statement, please make the appropriate entry on Interview Form EZ-8, Box 97. (30145)

Form: 990-EZ Pg 3

- Form 990-EZ. Page 3, Part V, line 41. No information has been entered on Interview Form 8, to complete line 41 regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 41. If this is not correct, use Interview Form 8, Boxes 30 through 43, to enter the appropriate information. (30081)

Form: FD eFile

- Electronic Filing. The following EFIN 706458 is being used to electronically file Form 990-EZ. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Form: EF-1 Sheet: 1 Box: 38

- Electronic Filing. The following Name Control ROTA has been computed and is being used to electronically file Form 990-EZ for ROTARY CLUB OF WEST EL PASO. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990-EZ does not match the IRS database it can be overridden on Interview Form EF-1, Box 38. (37026)

Return Information

Form: FD eFile

- **Electronic Filing.** Form 990-EZ has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

Form: Form 8868

- **Form 8868 Extension Information.** Form 990-EZ is allowed a maximum of two 3-month extensions. The first extension for Form 990-EZ is automatic and must be requested by filing Form 8868, Part I on or before November 15, 2016. If an additional 3-month extension is needed it must be requested by filing Form 8868, Part II on or before February 15, 2017. (34477)

ELECTRONIC FILING STATUS REPORT

| TAXING AUTHORITY | RETURN STATUS | ELECTRONIC FILING STATUS | DATE EXPORTED |
|---------------------|---------------|--------------------------|---------------|
| FEDERAL FORM 990-EZ | QUALIFIED | | 09/16/2016 |
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523.00

287.00

810.00

2015 Return Summary

ROTARY CLUB OF WEST EL PASO

74-1912083

FORM 990-EZ:

| | |
|----------------------------|---------|
| TOTAL REVENUE | 36,513. |
| TOTAL EXPENSES | 30,973. |
| EXCESS <DEFICIT> | 5,540. |
| BEGINNING NET ASSETS | 17,631. |
| CHANGES IN NET ASSETS | 0. |
| ENDING NET ASSETS (PART I) | 23,171. |

BALANCE SHEET ANALYSIS

| | |
|---|---------|
| ENDING TOTAL ASSETS | 23,691. |
| ENDING TOTAL LIABILITIES | 520. |
| ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II) | 23,171. |
| ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS | 0. |
| ENDING NET ASSETS DIFFERENCE BETWEEN PART I AND PART II | 0. |

2015 Return Summary

ROTARY CLUB OF WEST EL PASO

74-1912083

| | |
|-----------------------|------------|
| | FEDERAL |
| FORM NAME | 990-EZ |
| E-FILE REQUESTED | YES |
| DUE DATE | 11/15/16 |
| EXTENDED DUE DATE | |
| DIRECT DEPOSIT | N/A |
| ELECTRONIC WITHDRAWAL | N/A |
| DATE CALCULATED | 09/15/16 |
| TIME CALCULATED | 16:10:44 |
| RELEASE VERSION | 2015.04020 |
| DATE EXPORTED | 09/16/16 |
| TIME EXPORTED | 13:23:27 |
| EXPORT VERSION | 2015.04020 |

CLIENT: 27586
SEPTEMBER 16, 2016

ROTARY CLUB OF WEST EL PASO
P.O. BOX 13164
EL PASO, TX 79913

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2015
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990-EZ, EXEMPT ORGANIZATION SHORT FORM
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TOTAL FEE \$ 55.00

SEPTEMBER 15, 2016

ROTARY CLUB OF WEST EL PASO
P.O. BOX 13164
EL PASO, TX 79913
ATTENTION: GAIL GALE, PRESIDENT

DEAR GAIL:

ENCLOSED IS THE ORGANIZATION'S 2015 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MICHAEL L. SCHMID

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

ROTARY CLUB OF WEST EL PASO

74-1912083

Name and title of officer

**DOUG BORRETT
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | |
|--|--|--------------------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b <u>36,513.</u> |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SCHMID, BROADDUS, NUGENT & GANO, P.C. to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70645812345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09/15/16

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization
ROTARY CLUB OF WEST EL PASO

D Employer identification number
74-1912083

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite **E** Telephone number
P.O. BOX 13164 **915-544-6770**

City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Number ▶
EL PASO, TX 79913

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: ▶ **ROTARYWESTELPASO.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (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 ▶ \$ **37,643.**

| 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 | | <input checked="" type="checkbox"/> | |
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 30,722. |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 6,921. |
| c Less: direct expenses from gaming and fundraising events | 6c | 1,130. | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 5,791. | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 36,513. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 26,670. |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 2,650. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | 1,653. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 30,973. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 5,540. |
| | 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) | 19 | 17,631. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 23,171. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

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 [X]

Table with 4 columns: Description, (A) Beginning of year, (B) End of year, and a small numeric column. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? COMMUNITY SERVICE

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.)

Table with 4 columns: Description, Line Number, Amount, and Expense Amount. Rows include SPONSORING INTERNATIONAL EXCHANGE STUDENT, WEEKLY PROGRAM FOR MEMBERS, ORGANIZATION DUES TO ROTARY INTERNATIONAL, and Total program service expenses.

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 []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Rows include DOUG BORRETT (President), OFELIA MEITZLO (Vice President), CAREY BEAMESDERFER (Secretary), and MAURICE PLEASANT (Treasurer).

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 Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

| | | |
|---|------------|-----------|
| | 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 | | X |
| | 46 | |

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 Sch. C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

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 |
|-------------------------------------|--|---|---|--|
| N/A | | | | |
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f Total number of other employees paid over \$100,000 N/A

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." N/A

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
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d Total number of other independent contractors each receiving over \$100,000 N/A

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 |
| | DOUG BORRETT, PRESIDENT Type or print name and title | |

| | | | | | |
|-------------------------------|--|------------------------------|-----------------|---|------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICHAEL L. SCHMID | | 09/15/16 | | P00170871 |
| | Firm's name SCHMID, BROADDUS, NUGENT & GANO, P.C. | Firm's EIN 26-1483953 | | Phone no. (915) 544-6770 | |
| | Firm's address 221 N KANSAS, SUITE 1300 EL PASO, TX 79901 | | | | |

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

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

| | |
|--|---|
| Name of the organization ROTARY CLUB OF WEST EL PASO | Employer identification number 74-1912083 |
|--|---|

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL & DISTRICT 5520

PURPOSE OF PAYMENT: ORGANIZATION DUES

AMOUNT OF PAYMENT: 6,889.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: EXCHANGE STUDENT

PROPERTY DESCRIPTION: MONTHLY LIVING EXPENSES

AMOUNT GIVEN: 900.

ACTIVITY CLASSIFICATION: MEMBERSHIP MEETINGS

GRANTEE NAME: MEMBERS

PROPERTY DESCRIPTION: WEEKLY PROGRAM EXPENSES

AMOUNT GIVEN: 18,881.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 19,781.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|---------------------------------------|----------------|
|---------------------------------------|----------------|

| | |
|-----------------|-------------|
| SUPPLIES | 810. |
|-----------------|-------------|

| | |
|--------------------|-------------|
| ADVERTISING | 455. |
|--------------------|-------------|

| | |
|----------------------------|-------------|
| LEADERSHIP TRAINING | 184. |
|----------------------------|-------------|

| | |
|------------------|-------------|
| BANK FEES | 204. |
|------------------|-------------|

| | |
|--------------------------------------|---------------|
| TOTAL TO FORM 990-EZ, LINE 16 | 1,653. |
|--------------------------------------|---------------|

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

| | |
|--|---|
| Name of the organization ROTARY CLUB OF WEST EL PASO | Employer identification number 74-1912083 |
|--|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------------------|---------------|---------------|
| ACCOUNTS RECEIVABLE | 6,289. | 4,738. |
| PREPAID EXPENSES | 0. | 1,146. |
| TOTAL TO FORM 990-EZ, LINE 24 | 6,289. | 5,884. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------------------|--------------|-------------|
| ACCRUED EXPENSE AND ADVANCE PAYABLE | 725. | 375. |
| DUE TO FOUNDATION | 15. | 145. |
| TOTAL TO FORM 990-EZ, LINE 26 | 740. | 520. |

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.