



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: JONES ACADEMY FOUNDATION  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 1210  
 City or town, state or country, and ZIP + 4: DURANT, OK 74701

**D** Employer identification number: 26-0084734  
**E** Telephone number: (580) 924-8280  
**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: jonesacademy.org  
**J** Tax-Exempt status (check only one):  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.  
**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 179,081

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	<b>Total expenses.</b> Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
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)				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	752,009	853,770
23 Land and buildings		
24 Other assets (describe)	700	615
25 <b>Total assets</b>	752,709	854,385
26 <b>Total liabilities</b> (describe)	7,278	8,629
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	745,431	845,756

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
 SEE LINE 28 BELOW

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

**28** TO PROVIDE SCHOLARSHIPS TO JONES ACADEMY GRADUATES WHO WISH TO PURSUE A HIGHER EDUCATION 34 INDIVIDUALS WERE AWARDED SCHOLARSHIPS DURING FISCAL YEAR ENDED SEPTEMBER 30, 2010 RANGING FROM \$50 00 TO \$150 00 SEE ATTACHED SUPPLEMENTAL INFORMATION FOR MORE DETAILS

(Grants \$ 60,784) If this amount includes foreign grants, check here  **28a** 10,075

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (attach schedule) . . . . .  
 (Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32** 60,784

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances



**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization a section 527 organization?		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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2011-02-07

JOY CULBREATH Director  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: TAMARA LANGFORD CPA Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: TAMARA LANGFORD CPA PLLC, 208 NORTH 10TH STREET, DURANT, OK 747017408

Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no: \_\_\_\_\_

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JONES ACADEMY FOUNDATION

Employer identification number

26-0084734

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	91,851	95,549	277,677	226,593	177,450	869,120
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	91,851	95,549	277,677	226,593	177,450	869,120
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						869,120

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	91,851	95,549	277,677	226,593	177,450	869,120
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	856	7,300	9,263	-4,282	1,631	14,768
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	856	7,300	9,263	-4,282	1,631	14,768
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						883,888
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	98.330 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	98.320 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	1.670 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	1.680 %
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

---

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

**Additional Data****Software ID:****Software Version:****EIN:** 26-0084734**Name:** JONES ACADEMY FOUNDATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
RUTH LYNN HOOPER 16755 MARIADAH ROAD OLSBURG, KS 665209753	Director 0	0		
JON MARSHALL PO BOX 2765 HOUSTON, TX 772522765	Director 0	0		
MIKE FREENEY 2525 CLINTONVILLE ROAD PARIS, KY 40361	Director 0	0		
JOHN JACKSON PO BOX 1210 DURANT, OK 74702	Director 0	0		
ALLEN LOVESEE 576 COLLEGE PARKWAY ROCKVILLE, MD 20850	Director 0	0		
JIM BAKER 608 WEST CHEYENNE STILLWATER, OK 74075	Director 0	0		
BRAD SPEARS HCR 74 BOX 102-5 HARTSHORNE, OK 74547	Director 0	0		
DANA BONHAM PO BOX 1210 DURANT, OK 74702	Director 0	0		
LINDA POWERS PO BOX 1210 DURANT, OK 747021210	Secretary 0	0		
RYAN GARNER PO BOX 1210 DURANT, OK 747021210	Treasurer 0	0		
JOY CULBREATH PO BOX 1210 DURANT, OK 747021210	VICE CHAIRMAN 0	0		
GARY BATTON PO BOX 1210 DURANT, OK 747021210	Chairman 0	0		

**Form 990EZ, Part V, Line 41**

List the states with which a copy of this return is filed	WY, WV, WI, WA, VA, TN, SD, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, MT, MS, MN, MI, ME, MD, MA, KY, KS, IL, IA, GA, FL, DC, CT, CO, CA, AZ, AR, AL, AK
---	--

## TY 2009 General Explanation Attachment

**Name:** JONES ACADEMY FOUNDATION

**EIN:** 26-0084734

**Software ID:** 09000047

**Software Version:** 2009v1.7

Identifier	Return Reference	Explanation
		<p>Purpose for Endow ment Jones Academy Foundation The Choctaw Nation, where Jones Academy Foundation is housed and supported, is working on a 100 year vision Jones Academy is a legacy school of the Choctaw Nation and is therefore part of that vision At the present time, things are going well for the Choctaw Nation Leadership includes a Chief, Assistant Chief, and Tribal Council who care a great deal about the people they serve and place a high priority on education Gaming brings in a steady cash flow This means the Tribe itself is currently able to meet most of the needs of Jones Academy The Chief of the Choctaw Nation is an elected official We can't know the desires or priorities of a Chief who may serve 20, 30, or 100 years from now Also, future gaming dollars could be lost due to competition or legislation, hampering funding for Jones An endow ment has been set up by Jones Academy Foundation (JAF) to ensure that the school will go on far into the future, regardless of economic or political downturn The plan is to grow the endow ment to sufficient size (\$40 million) that the principal might never be touched and only the interest will be used to support the school Currently, the Choctaw Nation matches donations from the public to the endow ment dollar for dollar The endow ment is only one fund within JAF Other funds, such as the scholarship fund, and librarian fund are distributed according to their guidelines each year, usually using 100% of those funds There are also individuals who give directly to Jones Academy without going through the foundation One of the board members gave every child at Jones a \$50 gift certificate from Walmart this past Christmas Another board member sent money directly to the school to be used for Christmas Yet another board member drives to the school several times a year with a carload of books for the library and will read to the children and have them read to her Other individuals donate their time, expertise, and resources to better the lives of the children at Jones Academy To summarize, the endow ment is being built in today's good times to be certain Jones Academy can go on even in future bad times The Choctaw Nation Mission Statement "To enhance the lives of all members through opportunities designed to develop healthy, successful and productive lifestyles " This is what we want for the children of the 29 tribes represented at Jones Academy</p>

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** JONES ACADEMY FOUNDATION

**EIN:** 26-0084734

**Software ID:** 09000047

**Software Version:** 2009v1.7

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	10,075
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** JONES ACADEMY FOUNDATION

**EIN:** 26-0084734

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	700	700
INTER CO DUE TO/DUE FROM		173
Accounts Receivable		88

**TY 2009 Other Expenses Schedule****Name:** JONES ACADEMY FOUNDATION**EIN:** 26-0084734**Software ID:** 09000047**Software Version:** 2009v1.7

<b>Description</b>	<b>Amount</b>
Travel	203
SUPPLIES	30
FEES	88
EVENING ENRICHMENT PROGRAM	50,709
BOARD MEETING EXPENSE	234
Advertising and Promotion	9,600

## TY 2009 Other Liabilities Schedule

**Name:** JONES ACADEMY FOUNDATION

**EIN:** 26-0084734

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	7,278	8,629