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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 06-01-2012

, and ending 05-31-2013

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

C Name of organization ZONTA CLUB OF DENVER II	D Employer identification number 84-1037455
% CLUB TREASURER	E Telephone number (303) 831-1265
Number and street (or P O box, if mail is not delivered to street address) PO Box 18397 Suite	F Group Exemption Number ►
City or town, state or country, and ZIP + 4 DENVER, CO 802180397	

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: ► [WWW.ZONTA-DENVER2.ORG](http://WWW.ZONTA-DENVER2.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(4) ► (insert no)  4947(a)(1) or  527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 56,747

## 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 . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 908
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 10,744
	4 Investment income . . . . .	4 2
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	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 44,052
	c Less direct expenses from gaming and fundraising events . . . . .	6c 22,230
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 21,822
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 1,041
	b Less cost of goods sold . . . . .	7b 562
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 479
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 33,955
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 25,135
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 0
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 58
	16 Other expenses (describe in Schedule O) . . . . .	16 15,174
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 40,367
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -6,412
	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 25,271
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 1,002
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 19,861

**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	
22 Cash, savings, and investments	28,239	22	18,757
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	379	24	1,104
<b>25 Total assets</b>	<b>28,618</b>	<b>25</b>	<b>19,861</b>
<b>26 Total liabilities</b> (describe in Schedule O)	<b>3,347</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>25,271</b>	<b>27</b>	<b>19,861</b>

**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?

TO ADVANCE THE STATUS OF WOMEN, BOTH LOCALLY AND GLOBALLY

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 and section 4947(a)(1) trusts, optional for others )

**28** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
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**29**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
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**30**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
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**31** Other program services (describe in Schedule O)

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
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<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>1,469</b>
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**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
See Additional Data Table				

**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

	<b>Yes</b>	<b>No</b>
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
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	40b	No
b Section 501(c)(3) and 501(c)(4) 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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► CLUB TREASURER Telephone no ► (303) 831-1265 Located at ► PO BOX 18397 DENVER, CO ZIP + 4 ► 802180397		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c 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
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>48</b>		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49a</b>		No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 <b>ELLEN FITZPATRICK TREASURER</b> Type or print name and title	2013-10-15 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name TERESA A OTLEY	Preparer's signature TERESA A OTLEY	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/> TERESA A OTLEY CPA	Firm's EIN <input type="checkbox"/>			
	Firm's address <input type="checkbox"/> P O BOX 6739 DENVER, CO 802060739	Phone no (303) 831-1265			

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-1037455  
**Name:** ZONTA CLUB OF DENVER II

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

<b>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.</b>		<b>Expenses</b> <b>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>	
<b>28</b> COLUMBINE COMMUNITY (Grants \$ 240)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	240	<b>28a</b>
<b>29</b> BRIDGING THE GAP (Grants \$ 339)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	339	<b>29a</b>
<b>30</b> EMPOWERMENT (Grants \$ 890)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	890	<b>30a</b>
FLORENCE CRITTENTON (Grants \$ 984)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
FREEDOM SERVICE DOGS (Grants \$ 290)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
HEALTHY BEGINNINGS CLINIC (Grants \$ 500)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
SAFEHOUSE (Grants \$ 1,700)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
SUE BURCH SCHOLARSHIP (Grants \$ 1,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
WOMEN'S BEAN PROJECT (Grants \$ 400)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
CWEE (Grants \$ 950)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
EXCELSIOR (Grants \$ 8,663)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
ZONTA INTERNATIONAL FOUNDATION (Grants \$ 5,385)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
DENVER PUBLIC SCHOOLS (Grants \$ 500)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
CENTRAL VISITATION PROJECT (Grants \$ 2,544)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
LOIS BRITTON PRESIDENT	2 0	0	0	0
ELLEN FITZPATRICK TREASURER	2 0	0	0	0
DEBRA UREAL RECORDING SECRETARY	2 0	0	0	0
CAROL JOHNSON CORRESPONDING SECRETARY	2 0	0	0	0
JEAN GRISWOLD DIRECTOR	1 0	0	0	0
TERRI OTLEY DIRECTOR	1 0	0	0	0
SUZANNE FASING VICE PRESIDENT	2 0	0	0	0
MARY MOSER DIRECTOR	1 0	0	0	0
JAN HOYT DIRECTOR	1 0	0	0	0

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Name of the organization

## ZONTA CLUB OF DENVER II

**Employer identification number**

84-1037455

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Contributions . . .				
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( )
	11 Net income summary Combine line 3, column (d), and line 10 . . . . .				►

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 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 . . . . .	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				►
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

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

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

Does the organization operate 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 operated in

13a	
13b	

- a** The organization's facility
- b** An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**Name of the organization  
ZONTA CLUB OF DENVER II**Employer identification number**

84-1037455

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME SEE SCHEDULE O AMOUNT 25135
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 60
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ZONTA INTERNATIONAL DISTRICT 12 DUES Amount 815
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description FILING & LICENSE FEES Amount 850
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ZONTA INTERNATIONAL DUES Amount 2022
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description PUBLIC RELATIONS/WEBSITE Amount 869
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description SUPPLIES Amount 361
OTHER CHANGES IN NET ASSETS - INCREASE	FORM 990EZ PART I LINE 20	Description INVENTORY FOUND Amount 1002