



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

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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
BUILDING OWNERS AND MANAGERS
ASSOCIATION - HAWAII INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 179364
City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96817

D Employer identification number
99-0184368
E Telephone number
(808) 988-1717
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: BOMAHAWAII.COM

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. \$ 192,841

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	68,350
	2	Program service revenue including government fees and contracts	2	17,076
	3	Membership dues and assessments	3	82,949
	4	Investment income	4	81
	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 \$ 5,350 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	20,220
	c	Less direct expenses from gaming and fundraising events	6c	25,785
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-5,565
	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	4,165
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	167,056
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	35,417
	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	40,958
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	200
	16	Other expenses (describe in Schedule O)	16	82,361
	17	Total expenses. Add lines 10 through 16	17	158,936
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,120
	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	91,384
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,808
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	101,312

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	167,583	22	111,368
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	122,268	24	129,373
25 Total assets	289,851	25	240,741
26 Total liabilities (describe in Schedule O)	198,467	26	139,429
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,384	27	101,312

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 IMPROVE CONDITIONS PERTAINING TO THE OWNERSHIP AND OPERATION OF OFFICE BUILDINGS AND OTHER COMMERCIAL PROPERTIES REPRESENTED IN THE MEMBERSHIP OF THE CORPORATION, TO SECURE FOR THE MEMBERS OF THE CORPORATION THE BENEFITS OF DISCUSSION AND COOPERATION RESPECTING MATTERS OF COMMON INTEREST, AND TO PROMOTE, BY EVERY PROPER MEANS, THE WELFARE OF THE INDUSTRY THESE PROPERTIES REPRESENT

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)

28

See Additional Data Table

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

28a

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 (describe in Schedule O)

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

31a

32

Total program service expenses (add lines 28a through 31a)

32

108,470

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
MICHELLE HARRIS PRESIDENT	6 80	0	0	0
BRENNAN C KALANI MAIKA VICE-PRESIDENT	3 00	0	0	0
CARLIE WOODWARD-DELA CRUZ TREASURER/SECRETARY	2 50	0	0	0
SANDRA FRATICELLI-BOLLOZOS DIRECTOR	1 70	0	0	0
CORINNE HIROMOTO DIRECTOR	1 70	0	0	0
JARRETT WALTERS DIRECTOR	1 70	0	0	0
JOSHUA TOKARS DIRECTOR	1 70	0	0	0
TIERA COVINGTON DIRECTOR	1 70	0	0	0
DRICKA THOBOIS DIRECTOR	1 70	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 ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
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 <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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 <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> HAWAII PUBLIC POLICY ADVOCATES Telephone no <input type="checkbox"/> (808) 447-1840 Located at <input type="checkbox"/> 841 BISHOP ST STE 2100 HONOLULU, HI ZIP + 4 <input type="checkbox"/> 96813		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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	

		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		
		46	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

		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 Schedule 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

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.

Sign Here	<div>*****</div> <div>Signature of officer</div>			<div>2016-07-21</div> <div>Date</div>	
	<div>BRENNAN C KALANI MAIKA PRESIDENT</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Prnt/Type preparer's name LESTER J HEE CPA		Preparer's signature		Date
	Firm's name ▶ HEE & CHING CPAS LLC			Firm's EIN ▶ 27-4174400	
	Firm's address ▶ 201 MERCHANT STREET STE 1830 HONOLULU, HI 968132977			Phone no (808) 532-7322	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:
Software Version:
EIN: 99-0184368
Name: BUILDING OWNERS AND MANAGERS
ASSOCIATION - HAWAII INC

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

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.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 ORGANIZE FUNCTIONS TO REWARD EXCELLENCE IN BUILDING MANAGEMENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	70,799	
29 MAINTAIN WEBSITE TO EDUCATE AND INFORM MEMBERS ABOUT INDUSTRY DEVELOPMENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	2,254	
DUES COLLECTED TO OBTAIN MEMBERSHIP WITH BOMA HAWAII WITH FEES ALSO PAID TO 30 BOMA INTERNATIONAL FOR MEMBERSHIP DUES TO INTERNATIONAL AFFILIATE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	35,417	

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: BUILDING OWNERS AND MANAGERS
ASSOCIATION - HAWAII INC

EIN: 99-0184368

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (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
BUILDING OWNERS AND MANAGERS
ASSOCIATION - HAWAII INC

Employer identification number
99-0184368

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						
Total ▶						

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 <u>GOLF TOURNAMENT</u> (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts	25,570		25,570
	2	Less Contributions	5,350		5,350
	3	Gross income (line 1 minus line 2)	20,220		20,220
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	24,582		24,582
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,203		1,203
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			25,785
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			-5,565

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))
	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	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 _____

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

b If "Yes," explain _____

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

a	The organization's facility	13a	%
b	An outside facility	13b	%

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

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 BUILDING OWNERS AND MANAGERS ASSOCIATION - HAWAII INC	Employer identification number 99-0184368
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 81
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION TRAINING/MISC INCOME AMOUNT 4,165
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME BOMA INTERNATIONAL AFFILIATE ADDRESS 1101 15TH STREET, NW, SUITE 800 WAS HINGTON, DC 20005 PURPOSE OF PAYMENT INTERNATIONAL DUES AMOUNT OF PAYMENT 35,417
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEMBERSHIP MEETINGS AMOUNT 28,399 DESCRIPTION SEMINAR EXPENSE AMOUNT 6, 999 DESCRIPTION OFFICE EXPENSES AMOUNT 1,077 DESCRIPTION BANK CHARGES AMOUNT 3,477 DESCRIPTION INSURANCE AMOUNT 2,644 DESCRIPTION BUSINESS MEETINGS AMOUNT 6,196 DE Scription TRAVEL EXPENSES AMOUNT 11,770 DESCRIPTION MEALS & ENTERTAINMENT AMOUNT 76 6 DESCRIPTION MISCELLANEOUS AMOUNT 1,070 DESCRIPTION WEBSITE MAINTENANCE AMOUNT 2, 254 DESCRIPTION MEMBER EVENT EXPENSES AMOUNT 16,509 DESCRIPTION COMMUNITY SERVICE A MOUNT 700 DESCRIPTION SPECIAL EVENT EXPENSES AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 1 6 82,361
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN AMOUNT 1,808
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 115,672 END OF YEAR AMOUNT 124,74 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 6,319 END OF YEAR AMOUNT 4,633 D ESCRIPTION FEDERAL TAX RECEIVABLE BEG OF YEAR AMOUNT 146 END OF YEAR AMOUNT 0 DESCR IPTION STATE TAX RECEIVABLE BEG OF YEAR AMOUNT 131 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 165,660 END OF YEAR AMOUNT 7,229 DE Scription ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 5,057 END OF YEAR AMOUNT 132,200 DESC RIPTION FORECAST MEETING BEG OF YEAR AMOUNT 27,690 END OF YEAR AMOUNT 0 DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 60 END OF YEAR AMOUNT 0