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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 07-01-2015 , and ending 06-30-2016

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

C Name of organization
Rotary Club of Warren County VA

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO Box 702

City or town, state or province, country, and ZIP or foreign postal code
Front Royal, VA 22630

D Employer identification number
75-3182346

ETelephone number

FGroup 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: ▶www.warrencountyrotary.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 ▶ \$ 72,264

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	17,212
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,240
	4	Investment income	4	8
	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	33,054
Expenses	c	Less direct expenses from gaming and fundraising events	6c	15,432
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,622
	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	15,750
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	56,832
	10	Grants and similar amounts paid (list in Schedule O)	10	34,819
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	289
	16	Other expenses (describe in Schedule O)	16	14,183
	17	Total expenses. Add lines 10 through 16 ▶	17	49,291
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,541
	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	57,751
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	65,292

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	66,932	22	73,537
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	66,932	25	73,537
26 Total liabilities (describe in Schedule O)	9,181	26	8,245
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,751	27	65,292

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?
Encourage and foster ideal of 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

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

0

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
George Karnes Past President	3 00	0	0	0
Brian Barbour President	7 00	0	0	0
Barbara Ecton President Elect	4 00	0	0	0
Robert Grimm Treasurer	5 00	0	0	0
Kristen Pence Secretary	5 00	0	0	0
Karl Schuille Vice President	4 00	0	0	0

Part VOther 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 ▶ <div>37a</div>		
b	Did the organization file Form 1120-POL for this year?	37b	No
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 . <div>38b</div>		
39	Section 501(c)(7) organizations Enter . <div>39a</div>		
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 ▶ , section 4912 ▶ , section 4955 ▶		
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	No
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 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ Rob Gnm Treasurer Telephone no ▶ (703) 868-8115 Located at ▶ PO Box 702 Front Royal, VA ZIP + 4 ▶ 22630		
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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <div>43</div>		
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

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

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	***** Signature of officer		2016-11-05 Date				
	Robert Grimm, Treasurer Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name Michael B Noble CPA		Preparer's signature		Date 2016-11-07	Check <input type="checkbox"/> if self-employed	PTIN P00355367
	Firm's name ▶ Noble & Noble Fin Assoc Inc					Firm's EIN ▶ 54-2034109	
	Firm's address ▶ 830-B John Marshall Highway Front Royal, VA 22630					Phone no. (540) 636-3838	

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

Additional Data

Software ID:
Software Version:
EIN: 75-3182346
Name: Rotary Club of Warren County VA

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.)
<div>28</div> <div>The Club was successful in encouraging and fostering the ideal of service as a basis of worthy enterprise evidenced by its support of numerous local district and intl projects</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></div>		28a

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
Rotary Club of Warren County VA

Employer identification number
75-3182346

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.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Gala (event type)	Golf Tourney (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,802	7,252		33,054
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	25,802	7,252		33,054
Direct Expenses	4 Cash prizes	1,500	450		1,950
	5 Noncash prizes				
	6 Rent/facility costs	6,514	2,993		9,507
	7 Food and beverages				
	8 Entertainment	400			400
	9 Other direct expenses	2,692	883		3,575
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,432
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,622

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.

		(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 Noncash 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 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

b

An outside facility

13a		%
13b		%

14

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

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

b

An outside facility

13a		%
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
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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 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 Warren County VA	Employer identification number 75-3182346
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	Description AmountSponsorships 15,750
List of grants and similar amounts paid Part I line 10	Activity Grant Grantee The Rotary Foundation Street 14280 Collections Center Drive City, S tate, Zip Chicago, IL 60693Relationship None Amount 3,311Activity Grant Grantee Rotary Dis trict 7570 CART Fund Street PO Box 1505 City, State, Zip Lexington, VA 24450Relationship N one Amount 89Activity Grant Grantee Project Uere Street Rua Tancredo Neves City, Province, Country, Postal Bonsucesso, Rio de Janeiro BrazilRelationship None Amount 2,045Activity G rant Grantee Stop Hunger Now Street 615 Hillsborough Street No 200 City, State, Zip Ralei gh, NC 27603Relationship None Amount 1,298Activity Grant Grantee Shelter Box USA Street 83 74 Market Street, No 203 City, State, Zip Bradenton, FL 34202Relationship None Amount 1,0 00Activity Grant Grantee The Rotary Foundation-Water ProjectStreet 14280 Collections Cente r Drive City, State, Zip Chicago, IL 60693Relationship None Amount 200Activity Grant Grant ee Strasburg Rotary Club Street 964 Bow mans Mill Road City, State, Zip Middletow n, VA 2264 5Relationship None Amount 200Activity Grant Grantee Rotary District 7570-RYLA Street 907 B lue Ridge Drive City, State, Zip Staunton, VA 24401Relationship None Amount 1,275Activity Grant Grantee Rotary Club of Winchester RYLA 4H Street PO Box 412 City, State, Zip Winches ter, VA 22604Relationship None Amount 450Activity Grant Grantee Warren Co Sheriffs Summer Youth ProStreet 200 Skyline Vista Drive City, State, Zip Front Royal, VA 22630Relationship None Amount 1,000Activity Grant Grantee Warren County Educational Endow mentStreet PO Box 1314 City, State, Zip Front Royal, VA 22630Relationship None Amount 100Activity Grant Gran tee Interact Club-Skyline HS Street 151 Skyline Vista Drive City, State, Zip Front Royal, VA 22630Relationship None Amount 422Activity Grant Grantee RMA - Interact Club Street 200 Academy Drive City, State, Zip Front Royal, VA 22630Relationship None Amount 891Activity S cholarship Grantee Luke Naccash-William & Mary Street 200 Stadium Drive City, State, Zip W illiamsburg, VA 23185Relationship None Amount 1,000Activity Scholarship Grantee Jordan Lur ie-Queens Univ of CharlotStreet 1900 Selw yn Avenue City, State, Zip Charlotte, NC 28207Rel ationship None Amount 1,000Activity Intl Youth Exchange Grantee Therese de Halleux Street 453 Totten Lane City, State, Zip Front Royal, VA 22630Relationship None Amount 2,030Activi ty RYLA Grantee Northern VA 4-H Educational Center Street 600 4H Center Drive City, State, Zip Front Royal, VA 22630Relationship None Activity Grant Grantee Rotary Club of Winchest er Street PO Box 412 City, State, Zip Winchester, VA 22602Relationship None Activity Grant - Holiday Fuel Grantee HN Funkhouser Street 2026 S Commerce Avenue City, State, Zip Front Royal, VA 22630Relationship None Amount 1,000Activity Grant Grantee House of Hope Street PO Box 1624 City, State, Zip Front Royal, VA 22630Relationship None Activity Grant Grantee Phoenix Project Street 1914 East 9400 South 416 City, State, Zip Sandy, UT 84093Relations hip None Amount 8,558Activity Grant Grantee Blue Ridge Hospice Street 449 South Street Cit y, State, Zip Front Royal, VA 22630Relationship None Activity Grant Grantee UP Project Str eet PO Box 7808 City, State, Zip Merrifield, VA 22116Re

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description AmountMerchant service fees 653Conferences and training 3,046Bank charges 314District and international dues 3,904Aw ards and recognition 1,480Supplies 226Website 156Advertising 120Insurance 200Softw are 199Licenses and permits 80Member Outreach 46Area 1 Picnic 500Speaker Gifts 45Name Change Expenses 2,012Meetings Expenses 1,202
Description of total liabilities Part II line 26	Category Beginning of Year End of YearPrepayments 9,181 8,245