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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 **10-01-2015**, and ending **09-30-2016**

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

C Name of organization
Kiwanis International - Yakima Kiwanis K00396 Yakima

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 611

City or town, state or province, country, and ZIP or foreign postal code
Yakima, WA 98907

D Employer identification number
91-0481058
E Telephone number
(509) 961-2800
F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶
I Website: ▶ n/a
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$8,440

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					
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3	35,379				
	4	Investment income		4	522				
	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	8,929					
	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	44,610					
Expenses	c	Less direct expenses from gaming and fundraising events	6c	19,544					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	33,995				
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	Other revenue (describe in Schedule O)		8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	69,896				
	10	Grants and similar amounts paid (list in Schedule O)		10	9,600				
	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	790				
	14	Occupancy, rent, utilities, and maintenance		14					
	15	Printing, publications, postage, and shipping		15	106				
	16	Other expenses (describe in Schedule O)		16	46,085				
	17	Total expenses. Add lines 10 through 16		17	56,581				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,315				
	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	69,127				
	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	82,442				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

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	70,637	22	86,933
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	671	24	1,146
25	Total assets	71,308	25	88,079
26	Total liabilities (describe in Schedule O)	2,181	26	5,637
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,127	27	82,442

Part III Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501

What is the organization's primary exempt purpose? Community Service Club	(c)(3) and 501(c)(4) organizations, optional for others.)
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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.	others,
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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)		
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(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a
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32 Total program service expenses (add lines 28a through 31a)	32	16,526
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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. ☐

[illegible]

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		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)		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)?		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		
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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		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?		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 ▶, 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		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		No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>John Benson</u> Telephone no ▶ <u>(509) 961-2800</u> Located at ▶ <u>PO Box 611 Yakima, WA</u> ZIP + 4 ▶ <u>98907</u>		
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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶		No
	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 ?		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 ▶ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		No
c	Did the organization receive any payments for indoor tanning services during the year?		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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	Form 990-EZ (see instructions)		

		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
NONE				
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
NONE		
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
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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	*****		2017-01-12				
	Signature of officer		Date				
Paid Preparer Use Only	Print/Type preparer's name Steve Soelberg		Preparer's signature		Date 2017-01-12	Check ☐ if self-employed	PTIN
	Firm's name ▶ Soelberg & Associates PS					Firm's EIN ▶	
	Firm's address ▶ 901 Summitview Ave Suite 260 Yakima, WA 98902					Phone no (509) 654-7777	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No						

Additional Data

Software ID: 15000290
Software Version: 15.3.0.0
EIN: 91-0481058
Name: Kiwanis International - Yakima Kiwanis K00396 Yakima

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.)	
Father Daughter Dance - Dinner, dancing and silent auction for Dads and daughters benefiting over 200 28 people (Grants \$ 6,416) If this amount includes foreign grants, check here . . . ☐	28a	7,921

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.)	
29 Apple Cup - luncheon with special speaker with net proceeds benefiting various grant programs benefiting over 250 people (Grants \$ 16,210) If this amount includes foreign grants, check here . . . ☐	29a	5,303

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.)	
Songfest - Various school choirs from local area put on performance for public to benefit school kids 30 performing in choirs totaling over 300 plus students (Grants \$ 4,475) If this amount includes foreign grants, check here ☐	30a	3,302

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

(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
Steve Emhoff President	001 00	0		
John Benson Treasurer	001 00	0		
Trina Good President Elect	001 00	0		
Beth Klingele Vice President	001 00	0		
Sally Rodgers Secretary	001 00	0		
Monette Dennis Director	001 00	0		
Jon Ison Director	001 00	0		
Connie Buchanan Director	001 00	0		
Becky Nissen Director	001 00	0		
Pat Danielson Director	001 00	0		
Ron Urlacher Director	001 00	0		
Steve Wilmes Director	001 00	0		
Carol Yeates Director	001 00	0		

TY 2015 Compensation Explanation

Name: Kiwanis International - Yakima Kiwanis K00396 Yakima

EIN: 91-0481058

Software ID: 15000290

Software Version: 15.3.0.0

Person Name	Explanation
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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
Kiwanis International - Yakima Kiwanis K00396 Yakima

Employer identification number
91-0481058

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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 Rock the Gap (event type)	(b)Event #2 Apple Cup (event type)	(c)Other events 1 (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	15,864	16,210	12,536	44,610
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	15,864	16,210	12,536	44,610
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66	5,303	14,175	19,544
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				19,544
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				25,066

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 ☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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	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
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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
Kiwanis International - Yakima Kiwanis K00396 Yakima**Employer identification number**

91-0481058

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10, Grants Paid	Activity Grants, Grantee Various City Limits Yakima WA 98902, Cash Grant 9,600, Relationship
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 21,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 3,999
Form 990-EZ, Part I, Line 16, Other Expenses	Other 5

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Aktion Club 200
Form 990-EZ, Part I, Line 16, Other Expenses	YMCA Camp Dudley Work Day 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Liability Insurance 379
Form 990-EZ, Part I, Line 16, Other Expenses	Misc Expense 520

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	PNW Youth Outreach 300
Form 990-EZ, Part I, Line 16, Other Expenses	Presidents Projects 3,057

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Santa Support 626
Form 990-EZ, Part I, Line 16, Other Expenses	K Kids Support 226

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Community Funds Request 2,475
Form 990-EZ, Part I, Line 16, Other Expenses	Office Expense 445

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Installation Diner Expense 1,137
Form 990-EZ, Part I, Line 16, Other Expenses	Award Plaques 141

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	International District Dues 6,944
Form 990-EZ, Part I, Line 16, Other Expenses	Lt Governor Expense 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Propective Member Expense 351
Form 990-EZ, Part I, Line 16, Other Expenses	Membership Recruiting 537

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	New Member Costs 89
Form 990-EZ, Part I, Line 16, Other Expenses	Program Committee 757

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Publicity 97
Form 990-EZ, Part I, Line 16, Other Expenses	Social-Family Christmas 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	Accounts receivable/prepaid expenses Beginning of year 671, End of year 1,146
Form 990-EZ, Part II, Line 26, Liabilities	Accounts payable/accrued expenses Beginning of year 831, End of year 4,312

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	Deferred revenue Beginning of year 1,350, End of year 1,325